

January 2015

Public Perceptions of the NHS and Social Care

An Ongoing Tracking Study for the Department of Health, Winter 2014 Wave

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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 winter 2014. 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 1,016 interviews were conducted with adults aged 16 and over in England between 3 November and 17 December 2014.

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 profile of the population, 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 Presentation and interpretation of the data

This report presents the data from the latest wave of this survey, conducted in winter 2014. This data is compared with data from the winter 2013 survey to give an indication of any statistically significant changes that have occurred since then. In addition, data from earlier waves of the survey are also referred to in order to provide a picture of longer-term trends. Differences in results to the same question from different waves of the survey have to be of a certain size in order to be statistically significant. Only differences which are statistically significant are commented on in this report.

This report also comments on differences in the data between different groups within the total sample surveyed in this wave, for example differences in views between men and women. Again, a difference has to be of a certain size in order to be statistically significant and only differences which are statistically significant are commented on in this report.

Survey respondents are permitted to give a 'don't know' answer to each of the questions and these responses are not excluded from the analysis.

More details about the presentation and interpretation of the data are included in chapter 2 and the appendices.

1.4 Key findings of the research

1.3.1 Overall satisfaction with the NHS

The majority (67%) of the public are satisfied with the running of the NHS and this has remained stable over the last two waves of the survey (66% were satisfied in winter 2013 and 65% were in spring 2013).¹

Local services continue to be rated more positively than the NHS at a national level or the Government's policies for it (the 'NHS perception gap' remains). Almost three quarters (74%) of people agree their local NHS is providing them with a good service, while approximately six in ten (61%) agree that the NHS is providing a good service nationally, and around one-quarter (26%) agree that the Government has the right policies for the NHS. Having said this, perceptions of local NHS services are not as positive as a year ago (a change from 78% in winter 2013 to 74% now).

Satisfaction with NHS services among both recent hospital users² and those who have visited their GP remains high. Over eight in ten (84%) recent hospital users are satisfied and a similar proportion (85%) of those who have visited their GP in the last year are satisfied.

While the public are generally positive about the care provided by the NHS, they do feel some groups are better cared for than others. Local NHS care for children is viewed most positively (72% of people feel they are well cared for by the NHS in their local area), followed by local NHS care for people over 65 (60%) and people with long term illnesses or conditions (57%). Perceptions of local NHS care for people with mental health conditions and people with dementia are less positive (31% and 29% respectively).

1.3.2 Key perceptions of the NHS

The public's pride in the NHS is as strong as ever, with almost eight in ten (78%) agreeing that Britain's National Health Service is one of the best in the world.

The public are increasingly positive about the way the NHS treats patients. Around three-quarters (76%) of the public agree people are treated with dignity and respect when they use NHS services, the highest level of agreement seen for this question. A similar proportion (73%) agree people are treated with compassion when using NHS services and this proportion has risen since spring 2013 (when it was 64%).

The proportion of people agreeing they would feel safe in an NHS hospital is as high as it has ever been in this survey, with almost eight in ten (79%) agreeing they would feel safe in this setting if they were very ill (73% said this in spring 2013).

Approaching three in ten (28%) people agree that non-emergency waiting times are getting shorter, while just over half (51%) disagree.

1.3.3 Choice and patient involvement

Public perceptions of choice within in the NHS are broadly positive. Almost six in ten (59%) agree that people have increasing choice over their treatment and care and this has not changed significantly since winter 2012. A similar proportion (57%) agree that the last time they saw a healthcare professional they were able to choose the treatment or service which best suited their needs.

¹ When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 12.4.3.

² Recent hospital users are defined as those who have been NHS inpatients, NHS outpatients, users of accident and emergency departments or minor injuries units in the last year.

The public tend to be more positive about their involvement in decisions about treatment or care than they are about the choices they have about it. Almost three quarters (74%) of the public agree the last time they saw a health professional they were involved as much as they wanted to be. However, this has declined since spring 2013, when 80% of people agreed with this.

1.3.4 Feedback and complaints

Over four in ten (44%) agree that it is easy for people to feed back on the service they receive from the NHS. Fewer people now disagree than a year ago (46% did in winter 2013 compared with 36% now).

Most people say they would feel comfortable making a complaint if they needed to. Around seven in ten people say that if they had a poor experience at an NHS hospital (71%) or GP practice (69%) they would feel comfortable making a complaint to them. Of those who say they would not feel comfortable, more than one-quarter (28%) say this is because they would worry about the impact it would have on their care.

1.3.5 Public health

Cancer is still seen as the biggest health problem facing people today (35% mention this), closely followed by obesity (mentioned by 33% of people). Concern around diabetes and mental health has risen over the last year. Almost one in five (19%) now names diabetes as one of the biggest health problems facing people today, compared with 14% in winter 2013. The proportion mentioning mental health has risen by four percentage points (15% now mention this compared with 11% last year). In contrast, mention of smoking-related illnesses and heart disease has declined. Around one in ten considers smoking-related illnesses (12%) and heart disease/attacks (10%) to be one of the biggest health problems facing people. In winter 2013, 16% mentioned smoking-related illnesses and 15% mentioned heart disease/attacks.

Approximately six in ten (59%) agree the Government is doing more these days to help people live healthier lives, in line with results since winter 2012.

1.3.6 The changing NHS

Public opinion about the future of the NHS remains divided. One in three (33%) expects the NHS to get better over the next few years, while a similar proportion thinks it will get worse (31%). This pattern has been largely the same for the last four years.

Looking at specific patient groups (children, people with dementia, people with mental health conditions, people with long term illnesses or conditions, and people over 65), the proportion thinking that care for all of these groups will improve has risen since winter 2012. As in previous waves, people are most positive about future care for children (37% think their care will get better over the next few years), followed by future care for people with dementia (31%), people with mental health conditions (30%), and people with long term illnesses and conditions (28%). The public continue to be least positive about future care for older people; more people think care for those over 65 will get worse (30%) than get better (26%), while 34% think it will stay about the same.

Six in ten (60%) people think that moving some hospital services out into the community will improve services for patients. Attitudes are more divided though on the issue of NHS services and care being provided by a wider range of organisations in future, including the private sector. Over one in three (37%) thinks this will improve the NHS and a similar proportion (36%) thinks it will make it worse.

Most people continue to consult their GP face-to-face. While almost a quarter (24%) have used the telephone to consult their GP, just 2% have used email and less than 1% have used the internet to make a voice or video call. These proportions have not changed significantly since winter 2011.

There has been a rise in the proportion who have received text message reminders about appointments since last year though (from 26% in winter 2013 to 30% now). Over the last three years, there has been a 14 percentage point decrease in the proportion of people saying they have not had contact with NHS services in new ways (such as booking appointments online), from 64% in winter 2011 to 50% now. The ability to book GP appointments online continues to be the most popular option when people are presented with a list of new ways of contacting NHS services (54% say this would be the most useful option).

1.3.7 Funding

The majority (70%) of people agree the NHS provides good value for money to taxpayers, though around only four in ten (42%) think it is doing everything it can to reduce waste and inefficiency.

Lack of resources/investment continues to be the biggest perceived problem facing the NHS and has been since spring 2007 (39% of people mention this now). Furthermore, the majority (85%) of the public agree the NHS will face a severe funding problem in the future, though the proportion agreeing has fallen since winter 2013 (when it was 88%).

The public are divided about whether there should always be limits on what is spent on the NHS. Approximately half (52%) agree there should, while 40% do not. Fewer now agree that there should always be limits on NHS spending than did in spring 2012 (when 58% did).

1.3.8 Social care: perceptions of current services

The public continue to be more positive about local social care services than about national social care policies. Almost four in ten (38%) people agree that their local authority is providing people in their area with good social care services and that their local authority is providing a good service for older people (38%). Around a third (34%) agree that local authorities in England are providing good social care services. Fewer agree the Government has the right policies for social care in England (24%). In all cases, relatively high proportions say they don't know about these topics (between 12% and 20%) or are unable to express an opinion either way (between 22% and 24%).

There has been a decline though since spring 2013 in the proportion of people who agree that their local authority is providing people in their area with good social care services (from 43% to 38%). This echoes the decline in the proportion of people agreeing that their local NHS provides them with a good service.

Just over half (52%) of the public agree people are treated with dignity and respect when they use social care services. This has risen nine percentage points from 43% in winter 2013. Similarly, around half (51%) of the public think that people are treated with compassion when they use social care services, an increase of six percentage points from 45% in winter 2013. For both questions the proportion of the public unable to give an answer has fallen since winter 2013, though nearly three in ten still say they don't know (27% and 29% respectively).

1.3.9 Social care: preparing for the future

The proportion of people preparing financially to pay for social care services they might need when they are older remains low. Just over one-quarter (27%) have started preparing, whereas approximately seven in ten (71%) have made hardly any preparations or have not started preparing at all.

The proportion who say they have *thought* about preparing financially for social care is slightly higher at 34%, but again this is line with previous waves of the survey.

However, almost six in ten (58%) people express concern about meeting the cost of social care services they might need when they are older. Among those who are concerned, one-quarter (25%) say this is because they do not have sufficient savings. The most common reason people give for not being concerned is that it is too far in the future to worry about (36%).

The proportion agreeing that it is their responsibility to save so that they can pay towards their care when they are older has not changed significantly since winter 2011 (43% now). Having said that, the proportion of people who *disagree* has fallen from approximately four in ten (41%) in spring 2013 to just over a third (36%) now. This is due to a greater proportion of people not being able to give an opinion either way (21% now compared with 15% in spring 2013).

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 core survey consists of tracker questions which assess how public opinion varies over time. Additional questions have been included as new topics emerge. For example, in this wave new questions were included on concern about the cost of social care people might need when they are older. This flexibility means the survey can reflect the most current issues facing the NHS and social care.

2.2 The structure of the report

This report for the winter 2014 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 discusses satisfaction with the running of the NHS overall, and perceptions of the service at national and local levels. It then looks at satisfaction with recent experiences amongst users of the NHS and perceptions of local NHS care provided to particular groups.

Chapter 4: Key Perceptions of the NHS

This chapter discusses a number of key perceptions, first looking at pride in the NHS. It then considers dignity and respect; compassion; safety and quality; and finally perceptions of waiting times.

Chapter 5: Choice and patient involvement

This chapter explores public perceptions of choice within the NHS and discusses the extent to which patients feel they were able to make choices about their own treatment to meet their needs and how involved they felt in decisions.

Chapter 6: Feedback and complaints

This chapter explores the extent to which people feel it is easy to feed back on NHS services. It then considers attitudes towards making a complaint about services.

Chapter 7: Public health

This chapter discusses perceived health problems facing the public, and older people specifically, along with perceptions of the Government's role in supporting people to live healthily.

Chapter 8: The changing NHS

This chapter outlines public expectations of future care from the NHS, changes to the NHS in moving services into the community and involving the private sector, and new communication channels for patients.

Chapter 9: Funding

This chapter explores attitudes towards funding of the NHS, including perceptions of value for money and efficiency. It also looks at perceived resourcing pressures and attitudes towards future funding.

Chapter 10: Social care: perceptions of current services

This chapter discusses views of social care services at a national and local level, including perceptions of dignity and respect; and compassion. It also covers perceptions of how well services work together.

Chapter 11: Social care: preparing for the future

This chapter explores the extent to which people have thought about, and started, preparing for any future social care needs.

Appendices

The appendices contain details of the methodology of the survey, 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 presentation and interpretation of the data

This report presents the data from the latest wave of this survey, conducted in winter 2014. This data is compared with data from the winter 2013 survey to give an indication of any changes that have occurred since then. In addition, data from earlier waves of the survey are also referred to in order to provide a picture of longer-term trends. Differences in results to the same question from different waves of the survey have to be of a certain size in order to be statistically significant. Only differences which are statistically significant are commented on in this report.

This report also comments on differences in the data between different sub-groups within the total sample surveyed in this wave, for example differences in views between men and women. Again, a difference has to be of a certain size in order to be statistically significant and only differences which are statistically significant are commented on in this report.

Only sub-groups comprising 100 or more respondents are commented on in this report. It should be noted, however, that the smaller the size of the sub-group, the less we can rely on the survey estimates to be true representatives of the population as a whole. Findings for groups with as few as 100 respondents can be subject to confidence intervals of +/-10% (please see appendix 12.4 for more details).

In addition to being statistically significant, only sub-group differences which are interesting and relevant to the question being analysed are commented on in the report.

A number of different sub-groups have been reviewed during the data analysis stage and the ones referenced in the report are as follows (listed in alphabetical order):

- Age (16 to 24 year olds; 25 to 34 year olds; 35 to 54 year olds; 55 to 64 year olds; people aged 65 years old and over; 65 to 74 year olds; people aged 75 years old and over);

- Experience of social care services (people who have had experience of at least one of a list of social care services in the last year or so, either personally or through members of their household, family or friends; people who have not had experience of at least one of a list of social care services in the last year or so, either personally or through members of their household, family or friends);
- Gender (men; women);
- Household type (pensioners; adults with dependent children);
- Informal carer status (informal carers, defined as people who 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, not counting anything they do as part of their paid employment; people who are not informal carers, defined as people who do not 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, not counting anything they do as part of their paid employment);
- Levels of concern about meeting the cost of potential social care services (people who are concerned about meeting the cost of social care services they might need when they are older; people who are not concerned about meeting the cost of social care services they might need when they are older);
- Levels of satisfaction with the NHS (people who are satisfied with the running of the National Health Service nowadays; people who are dissatisfied with the running of the National Health Service nowadays);
- Long-standing illness, disability or infirmity (people with a long-standing illness, disability or infirmity);
- Recent A&E users (people who have been to hospital in the last year and whose last visit was to A&E).
- Recent inpatients (people who have been to hospital in the last year and whose last visit was as an inpatient).
- Recent hospital users (people who have been NHS inpatients, NHS outpatients, users of accident and emergency departments or minor injuries units in the last year; people who are not recent hospital users);
- Recent outpatients (people who have been to hospital in the last year and whose last visit was as an outpatient).
- Social grade (AB; C1; C2; DE);
- Views about personal responsibility to pay towards social care (people who agree it is their responsibility to save so that they can pay towards their care when they are older; people who disagree it is their responsibility to save so that they can pay towards their care when they are older).

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

More details about the presentation and interpretation of the data are included in the appendices.

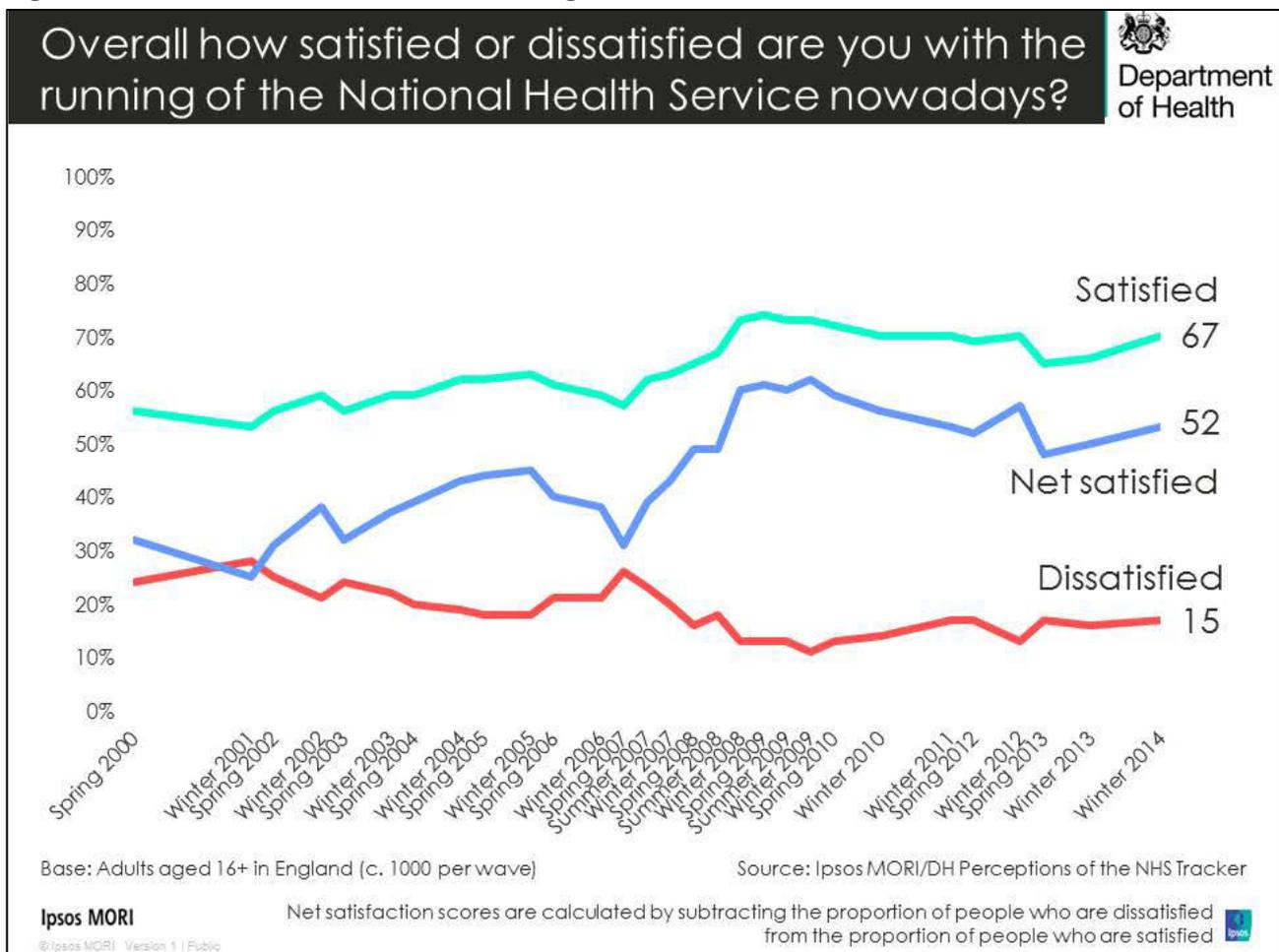
3 Overall satisfaction with the NHS

This chapter discusses satisfaction with the running of the NHS overall, and perceptions of the service at national and local levels. It then looks at satisfaction with recent experiences amongst users of the NHS and perceptions of local NHS care provided to particular groups.

3.1 Overall satisfaction with the running of the NHS

Satisfaction with the running of the NHS remains high. Approximately two-thirds (67%) of the public are satisfied with the running of the NHS nowadays, and this is in line with results from the last two waves of the survey (66% were satisfied in winter 2013 and 65% were in spring 2013).³

Figure 1: Overall satisfaction with the running of the NHS



While similar rates of satisfaction are seen across all age groups, older groups tend to express greater dissatisfaction with the running of the NHS than younger groups. Those aged 55 to 64 are most dissatisfied (24% compared with 15% overall).

Although the majority of informal carers and people with a long-standing illness, illness, disability or infirmity are also satisfied with the running of the NHS nowadays, there are relatively high levels of dissatisfaction

³ When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 12.4.3.

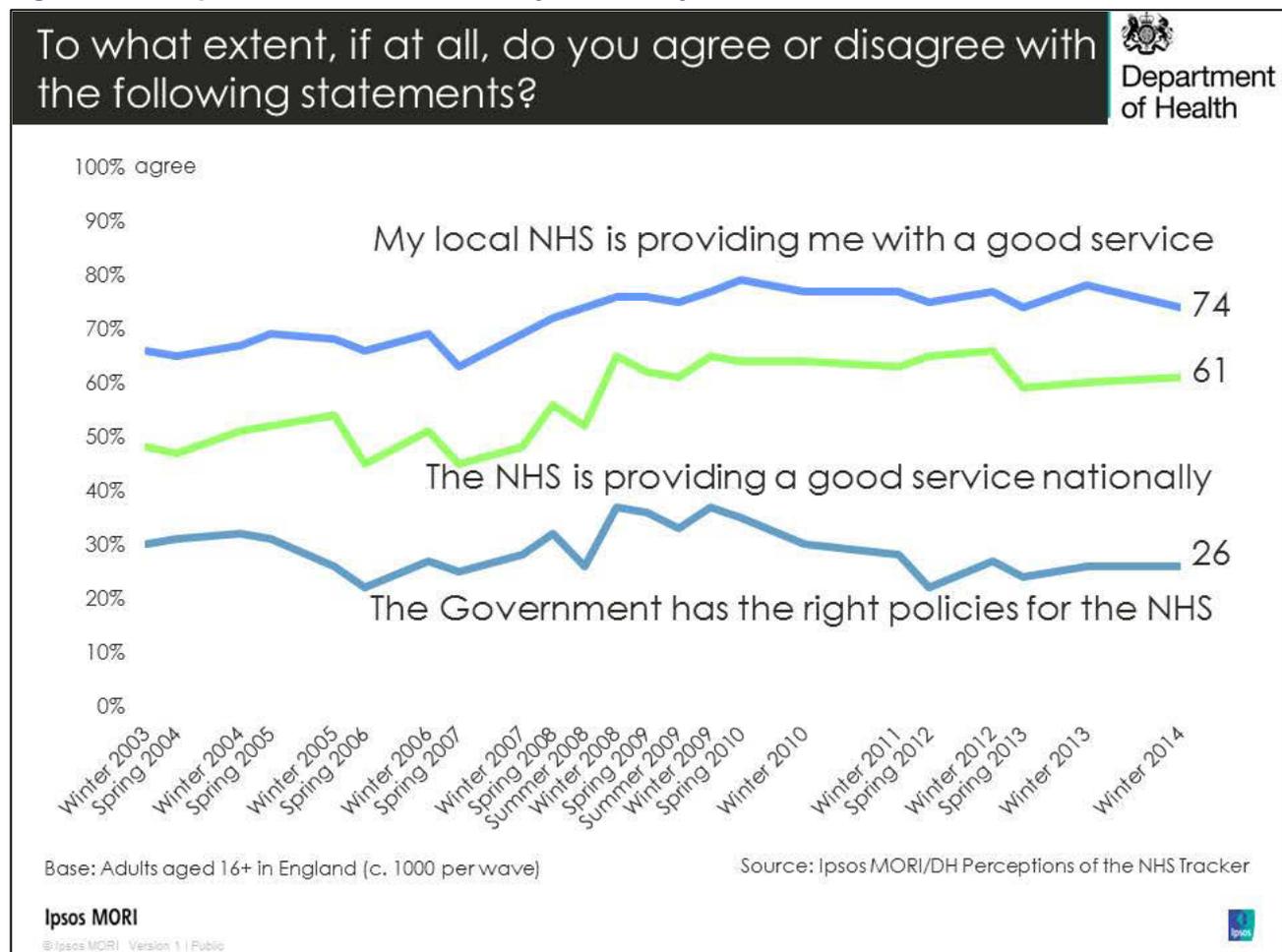
among these groups. More than one in five (22%) informal carers are dissatisfied compared with 14% of those without caring responsibilities, and 24% of those with a long-standing illness, disability, or infirmity are dissatisfied compared with 15% overall.

3.2 The NHS perception gap: perceptions of the NHS nationally and locally

Local NHS services continue to be rated more positively than the NHS nationally or the Government's policies for it. While almost three-quarters (74%) believe that their local NHS provides them with a good service, around six in ten (61%) agree that the NHS is providing a good service nationally, and approximately one-quarter (26%) agree that the Government has the right policies for the NHS. It should be noted that more people (11%) say they don't know or are unable to express an opinion either way (22%) in relation to the statement 'the Government has the right policies for the NHS' than the other two statements.

There has been a decline in the proportion of people agreeing that their local NHS provides them with a good service, from 78% a year ago to 74% now, while the other two findings have remained stable.

Figure 2: Perceptions of the NHS nationally and locally



Younger age groups tend to be more positive than older groups about the NHS at a national level and about the Government policies for the service. For example, 38% of those aged 16 to 24 and 35% of those aged 25 to 34 agree the Government has the right policies for the NHS compared with 26% overall. However, older people are more positive than younger people about the NHS locally (88% of those aged 75 and over agree their local NHS provides them with a good service compared with 74% overall).

Those in lower social grades are more positive than those in higher social grades about the NHS nationally and the Government's NHS policies. For example, almost one in three (32%) of those in social grades DE agrees the Government has the right policies, compared with 23% of those in social grades AB and 24% of those in C1. These differences are not evident when looking at local services though.

Informal carers are more negative than those without these responsibilities about the NHS and Government policies for it. Almost half (50%) of informal carers disagree that the Government has the right policies for the NHS, compared with almost four in ten (37%) of non-carers.

Those with a long-standing illness, disability, or infirmity are also more negative than the public overall about NHS policy. Over half (56%) disagrees that the Government has the right NHS policies compared with four in ten (40%) overall. Similarly, 22% of those with a long-standing illness, disability, or infirmity disagree that their local NHS is providing them with a good service, compared with 13% overall.

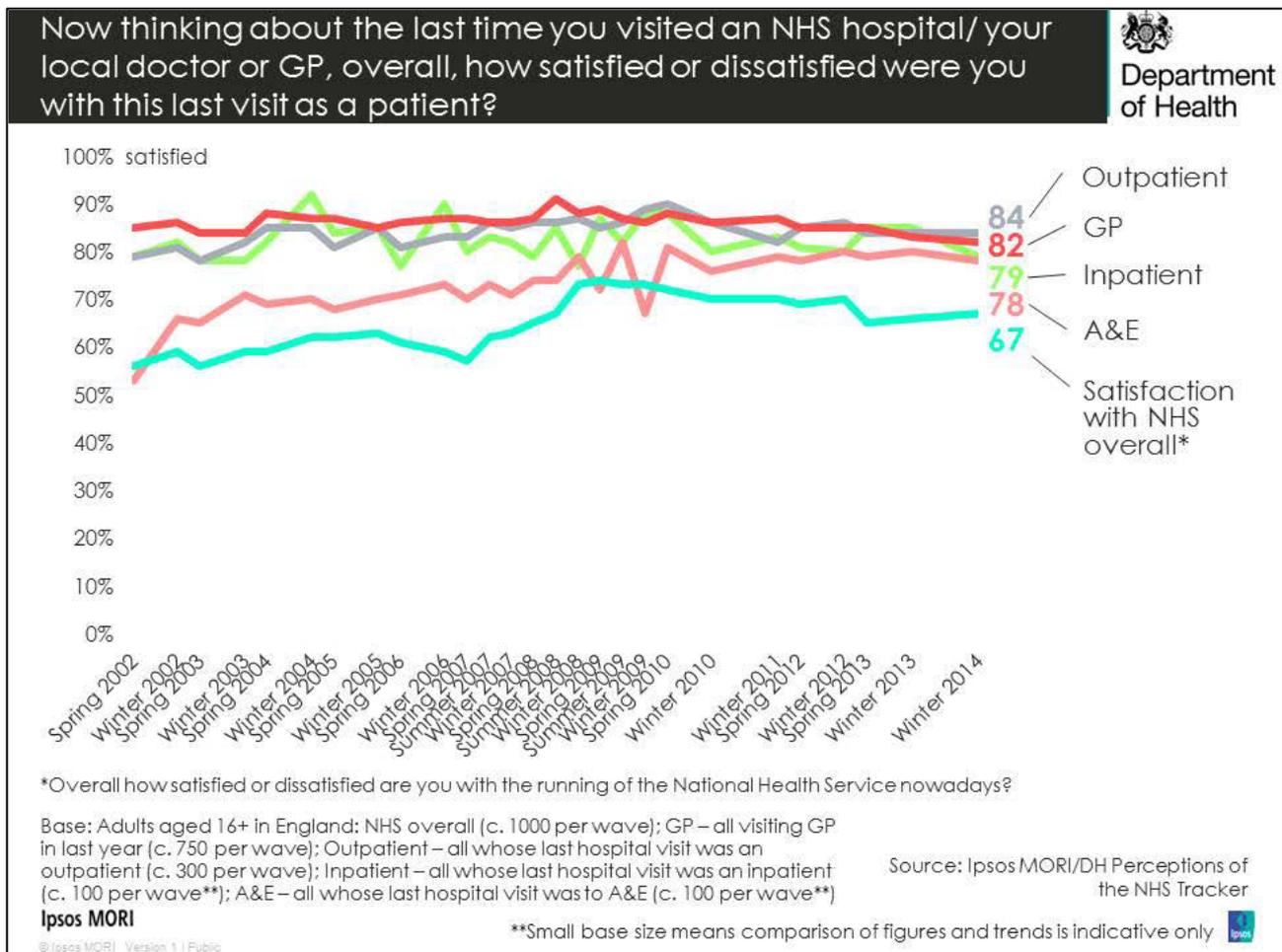
3.3 Recent experience of the NHS

Looking at specific NHS services, satisfaction with recent hospital and GP visits remains high. Over eight in ten (84%) of all recent hospital users⁴ are satisfied with their last visit to an NHS hospital, which mirrors the result in winter 2013. A similar proportion (82%) of those who have visited their GP in the last year are satisfied with their last visit (which also has not changed significantly since winter 2013, when it was 83%).⁵

The levels of satisfaction among recent inpatients⁶ (79%) and those who have recently visited A&E⁷ (78%) are also high.⁸

The long-term trends in satisfaction levels among users of different services are shown in the following chart.

Figure 3: Satisfaction with recent hospital and GP visits



⁴ Recent hospital users are defined as those who have been NHS inpatients, NHS outpatients, users of accident and emergency departments or minor injuries units in the last year.

⁵ When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 12.4.3.

⁶ Recent inpatients are defined as those who have been to hospital in the last year and whose last visit was as an inpatient.

⁷ Those who have recently visited A&E are defined as those who have been to hospital in the last year and whose last visit was to A&E.

⁸ Please note the small numbers of respondents defined as recent inpatients (c. 100 per wave) and as those who have recently visited A&E (c. 100 per wave) means comparison of figures and trends is indicative only.

3.4 Perceptions of local NHS care for specific groups

Looking at perceptions of local NHS care for the following groups: children, people over 65, people with dementia, people with long-term illnesses or conditions, and people with mental health conditions, the public feel some groups are better cared for than others. Care for children is viewed most positively. This is followed by care for older people and those with long-term illnesses and conditions. Perceptions of local NHS care for people with mental health conditions and people with dementia are less positive, though more people are likely to say they don't know how well these groups are currently cared for than do about the other groups.

Children

Just over seven in ten (72%) people feel children are well cared for by the NHS in their local area, while 7% feel they are not.

People over 65

Six in ten (60%) feel those aged over 65 are well cared for by the NHS in their local area, and this proportion has risen over the last two years (from 55% in winter 2012). However, a sizeable minority (22%) feel those aged over 65 are not well cared for by the NHS in their local area, and this proportion has not changed significantly during the same period (23% in winter 2012).⁹

People with long-term illnesses or conditions

Perceptions of local NHS care for those with long-term illnesses or conditions are similar to perceptions of care for people aged over 65. Just under six in ten (57%) feel people with long-term illnesses or conditions are well cared for by the NHS in their local area, while 20% do not feel they are. These results have not changed significantly since winter 2012.

People with mental health conditions

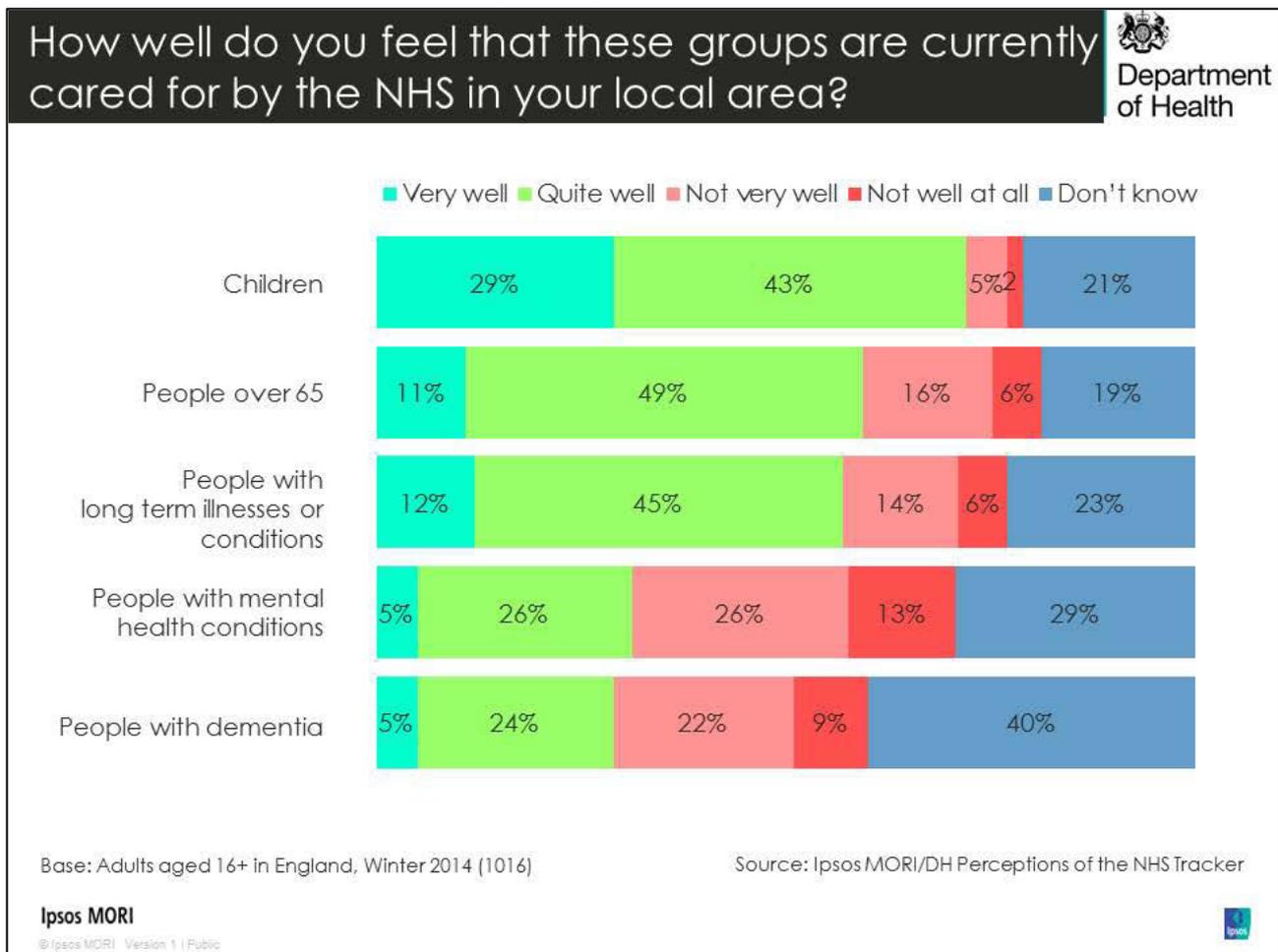
A higher proportion of people feel that people with mental health conditions are not well cared for (39%) than feel they are (31%) and the proportion feeling they are not well cared for has increased by seven percentage points since spring 2013 (from 32% to 39%). The proportion feeling they are well cared for has not changed significantly over the same period, but has fallen since winter 2012 (when it was 35%). Almost three in ten (29%) people say they don't know about care for this group.

People with dementia

Public opinion regarding views of local NHS care for people with dementia is split. Almost three in ten (29%) feel they are well cared for, and a similar proportion (31%) feels they are not well cared for. Four in ten (40%) people do not know about this.

⁹ When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 12.4.3.

Figure 4: Perceptions of NHS care for specific groups in local area



There is variation in perceptions of care for these groups among different groups of people though, as detailed below:

Children

- Adults with dependent children are more likely than the public overall to feel children are well cared for by their local NHS (85% compared with 72% overall).
- Pensioners are less likely than the public overall to feel children are well cared for (58% compared with 72% overall) and, perhaps unsurprisingly, are more likely to say they don't know than people overall (35% compared with 21% overall).

People over 65

- Older people are more positive than the public overall about their local NHS care. Seven in ten (70%) of those aged 65 and over feel people their age are well cared for, compared with 60% overall.
- However, informal carers are more likely than non-carers to feel that people aged over 65 are not well cared for (32% compared with 19%).

People with long-term illnesses or conditions

- Almost three in ten (30%) of those with a long-standing illness, disability or infirmity feel that they are not well cared for by the NHS locally and this is a higher proportion than amongst the public overall (20%).

People with mental health conditions

- Younger people are more positive than the public overall about local NHS care for people with mental health conditions. More than four in ten of those aged 16 to 24 (47%) and those aged 25 to 34 (41%) feel people with mental health conditions are well cared for locally compared with three in ten (31%) overall.
- Those in higher social grades are less positive than those in lower social grades about the quality of mental health care. One in four (25%) of those in social grades AB feels people with mental health conditions are well cared for, compared with 39% of those in social grades DE.

People with dementia

- Older groups tend to be less positive than younger groups about local NHS care for people with dementia. Of all age groups, those aged 65 to 74 are least likely to say that people with dementia are well cared for by their local NHS (18% compared with 29% overall).
- People in higher social grades are also less likely than those in lower social grades to feel people with dementia are well cared for by their local NHS, with 26% of those in grades AB and 25% of those in grade C1 feeling they are, as opposed to 35% of those in grade C2 and 33% of those in grades DE.

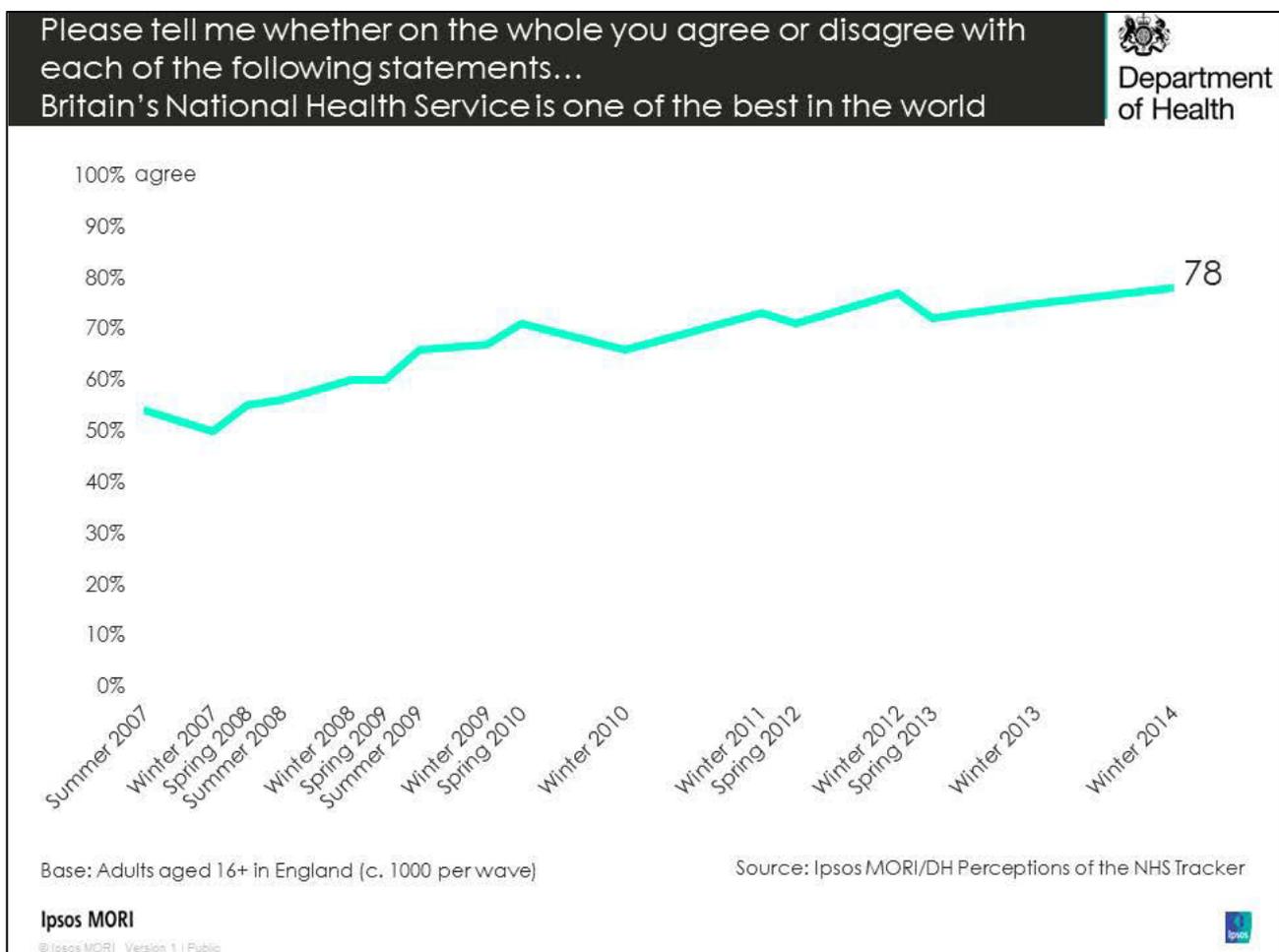
4 Key perceptions of the NHS

This chapter discusses a number of key perceptions, first looking at pride in the NHS. It then considers dignity and respect; compassion; safety and quality, and finally perceptions of waiting times.

4.1 Pride in the NHS

Pride in the NHS is as high as it has ever been, with 78% agreeing that Britain's National Health Service is one of the best in the world. The proportion agreeing has been rising fairly steadily since the question was first asked in summer 2007.

Figure 5: Agreement with the statement: 'Britain's National Health Service is one of the best in the world'



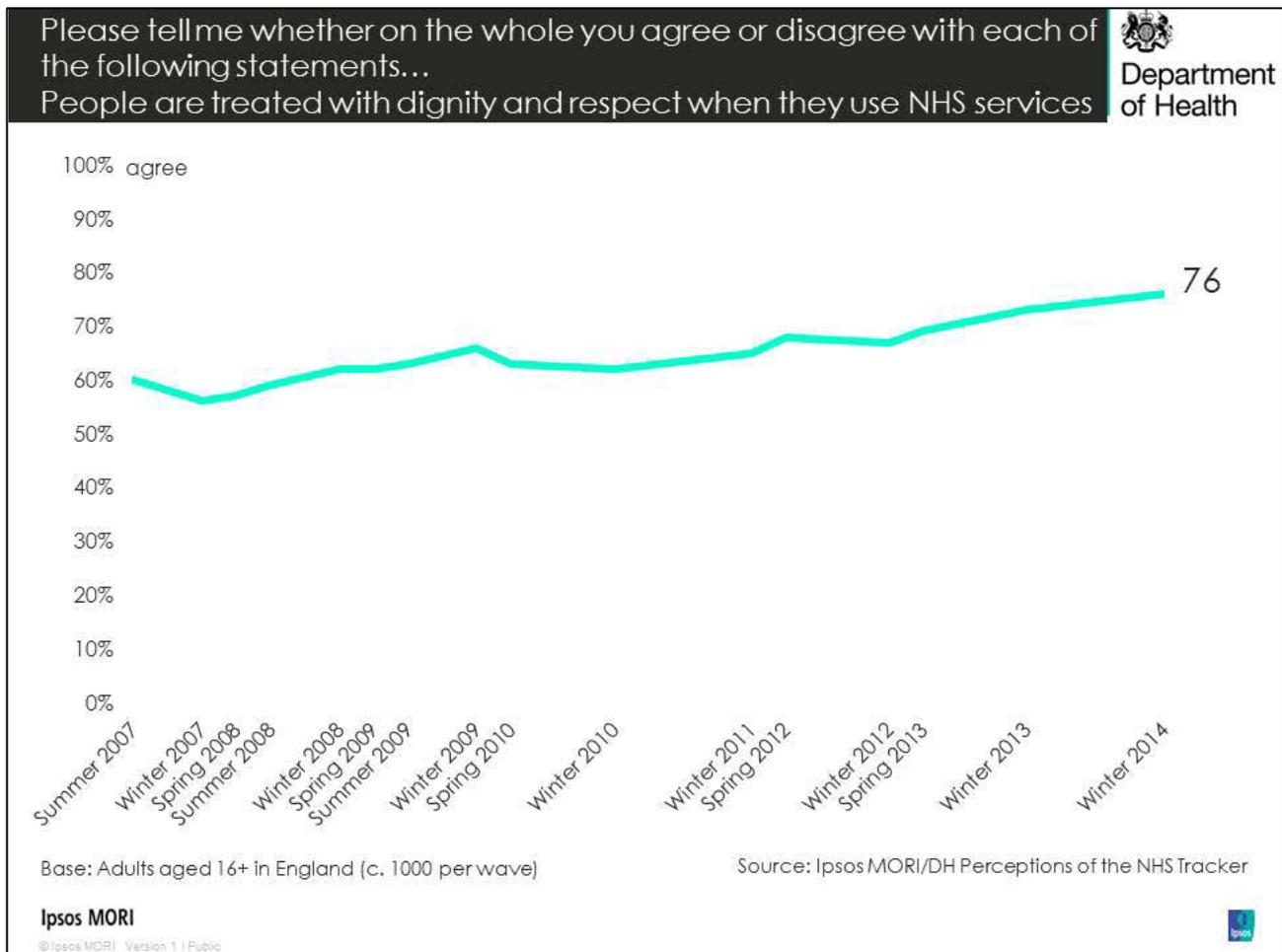
While views are generally consistent across groups, older people tend to show greater pride in the NHS than younger groups. For example, 42% of the oldest age group (75 and over) strongly agree with the statement compared with 24% of the youngest age groups (16-24 year olds).

4.2 Perceptions of dignity, respect and compassion

The public are increasingly positive about the way in which the NHS treats patients. Just over three-quarters (76%) of the public agree that people are treated with dignity and respect when they use NHS services. This is the highest level of agreement seen for this question, and an increase of seven percentage points from spring 2013 (when 69% agreed).

One in six (18%) disagrees that people are treated with dignity and respect when using NHS services, lower than the 23% recorded in winter 2013.

Figure 6: Agreement with the statement: 'People are treated with dignity and respect when they use NHS services'

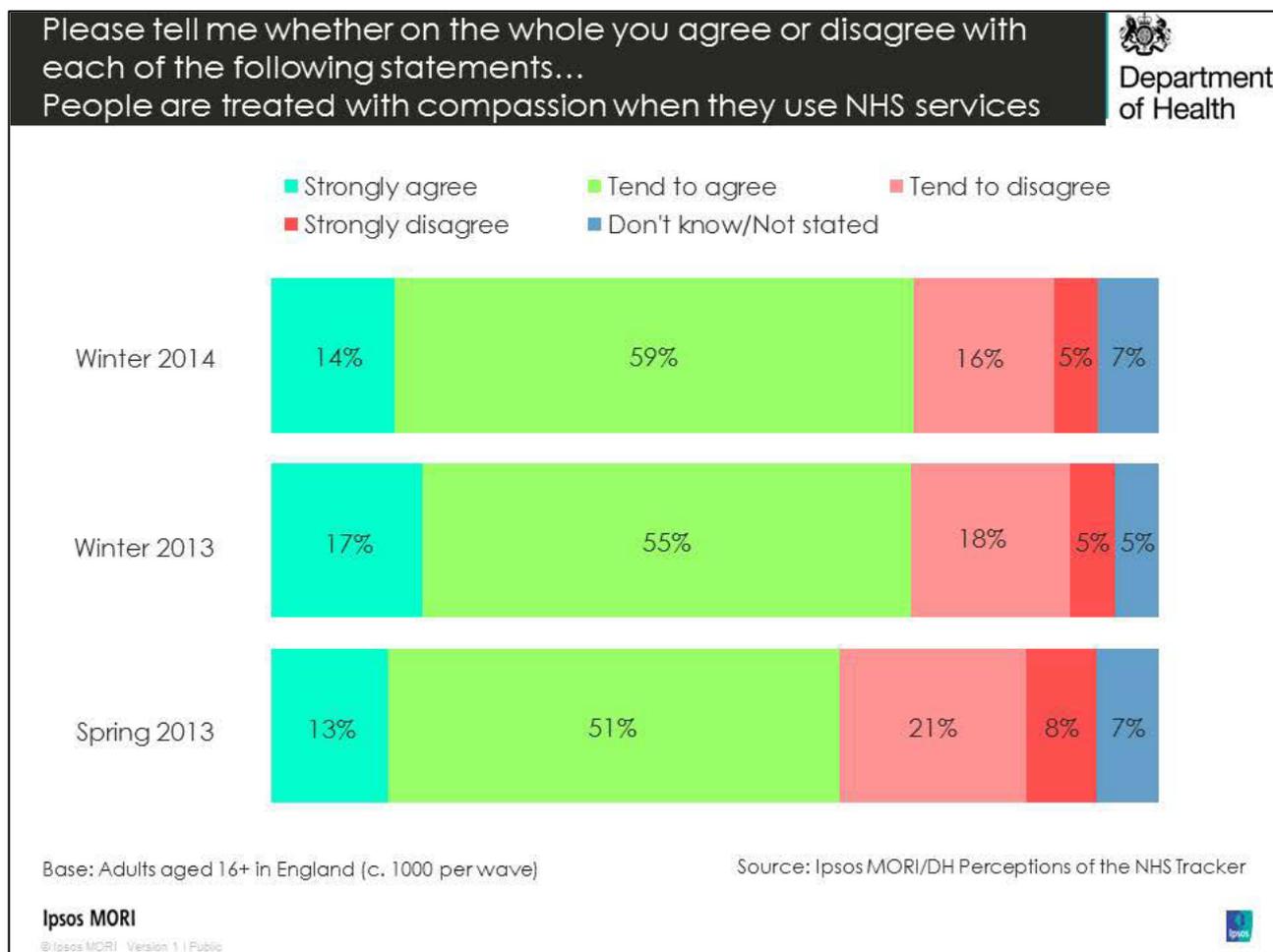


Men are more positive than women about this. Eight in ten (80%) men agree that people are treated with dignity and respect when they use NHS services, compared with just over seven in ten (72%) women. Just over one in five (22%) women disagrees, compared with 16% of men.

Those with a long-standing illness, disability or infirmity are more likely to disagree that people are treated with dignity and respect when they use NHS services than the public overall (28% compared with 18%). Informal carers are more negative about this than people who are not carers (25% compared with 17%).

Perceptions of compassion within the NHS are in line with those relating to dignity and respect. Nearly three quarters (73%) agree people are treated with compassion when they use NHS services, while 21% disagree. These proportions have not changed significantly in the past year¹⁰, but have shown improvement since spring 2013, when 64% agreed and 29% disagreed.

Figure 7: Agreement with the statement: 'People are treated with compassion when they use NHS services'



As with perceptions of dignity and respect, men are more positive than women here; 77% of men agree that people are treated with compassion, compared with 68% of women.

Those in social grades DE are less likely to agree (65%) that people are treated with compassion when they use NHS services than those in other social grades (75% of those in social grade C1 agree, as do 74% of those in grade C2, and 76% of those in grades AB).

There are no significant differences here between views of informal carers and non-carers (71% and 73% respectively agree that people are treated with compassion when they use NHS services)¹¹. Views amongst

¹⁰ When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 12.4.3.

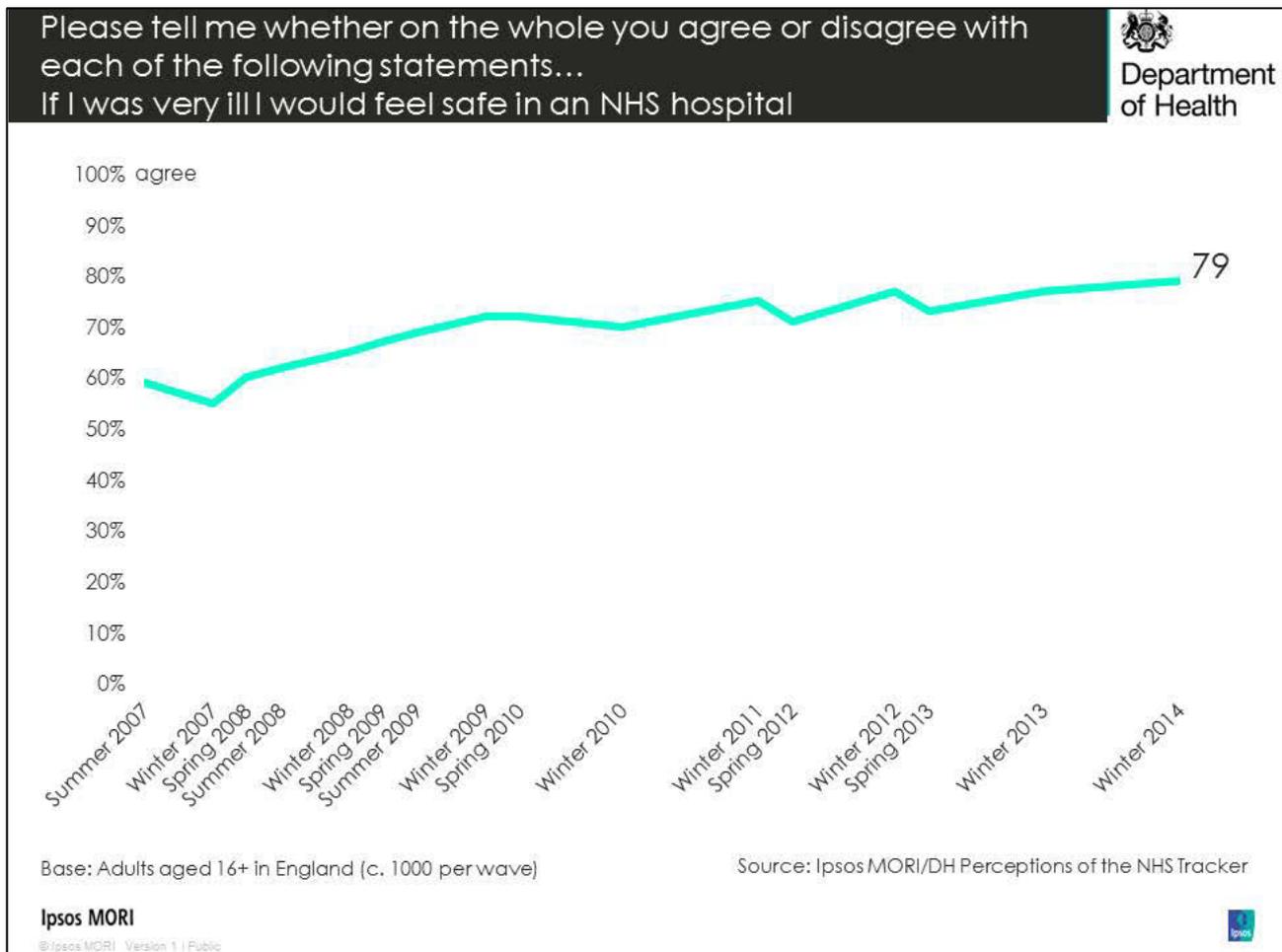
¹¹ When looking at results to the same question from different sub-groups, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 12.4.3.

people with long-standing illnesses, disabilities or infirmities are also in line with the public overall (69% agree, compared with 73% overall¹²).

4.3 Perceptions of safety and quality

The proportion of people agreeing they would feel safe in an NHS hospital if they were very ill is as high as has it has ever been in this survey. Almost eight in ten (79%) agree with this statement. This proportion has not risen significantly since winter 2013 (when 77% agreed)¹³, but has since spring 2013 (when 73% agreed), and has been rising fairly steadily since summer 2007 (when 59% agreed). Around one in six (18%) disagrees, unchanged in the past two years.

Figure 8: Agreement with the statement: 'If I was very ill I would feel safe in an NHS hospital'



Again, women are less positive than men. Women are more likely to disagree than men that they would feel safe in an NHS hospital if they were very ill (20% compared with 15%).

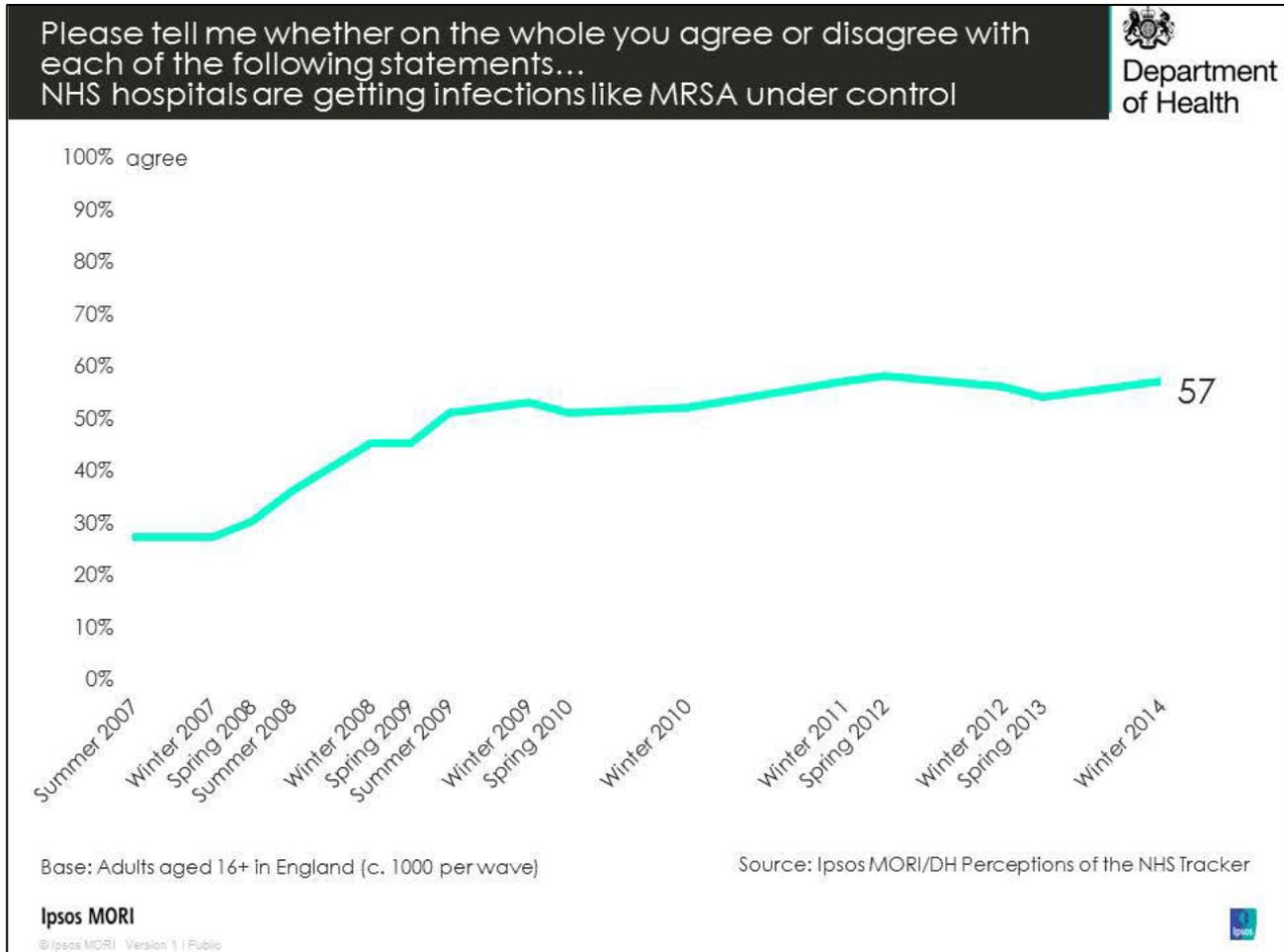
Informal carers are less likely to agree they would feel safe in an NHS hospital than those who are not informal carers (73% compared with 80%).

¹² When looking at results to the same question from different sub-groups, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 12.4.3.

¹³ When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 12.4.3.

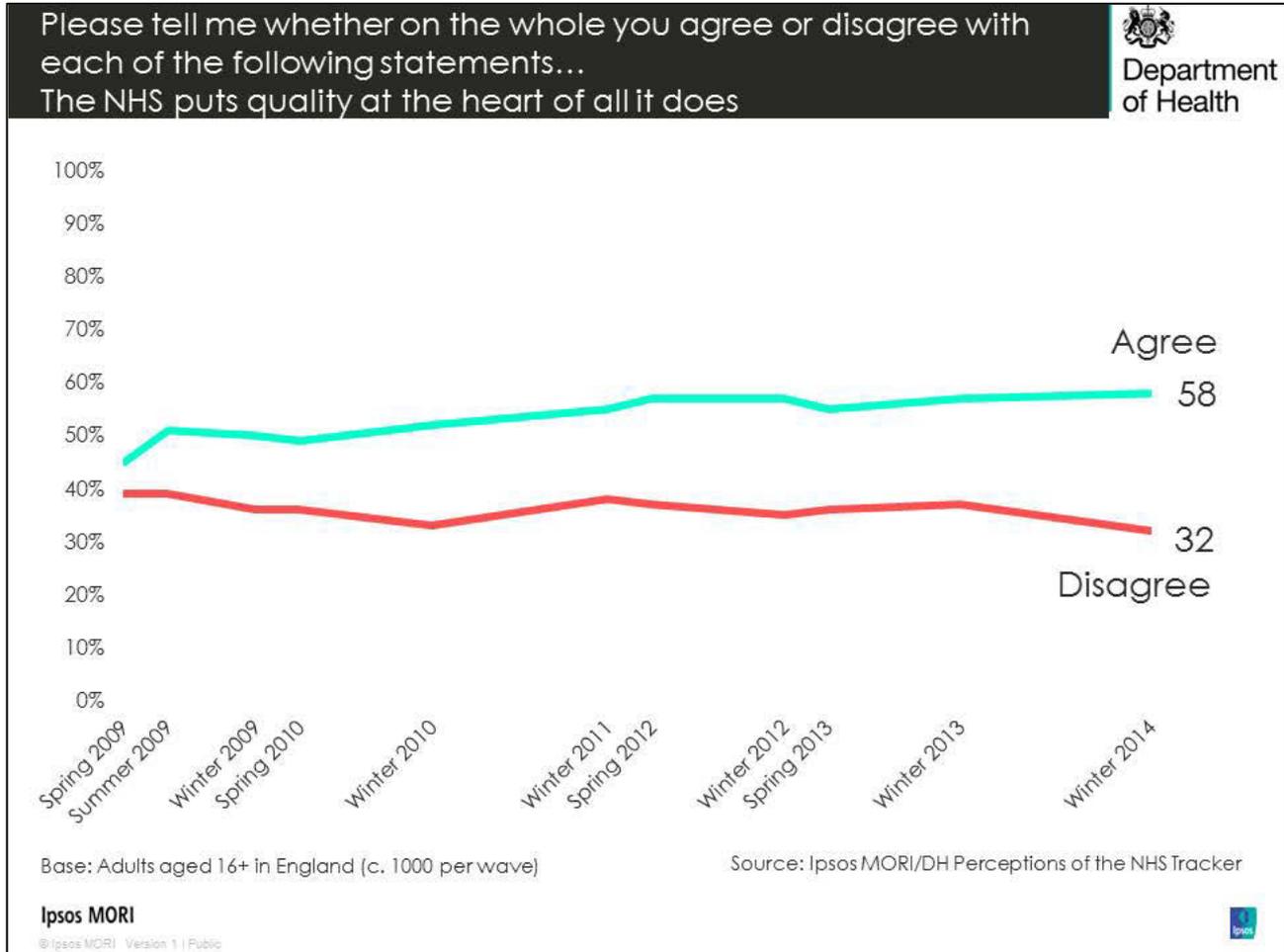
Approaching six in ten (57%) agree NHS hospitals are getting infections like MRSA under control. This is in line with results from recent waves of the survey, but higher than the 27% who agreed in summer 2007.

Figure 9: Agreement with the statement: 'NHS hospitals are getting infections like MRSA under control'



Perceptions of the role of quality in the NHS appear less positive than those relating to safety. Almost six in ten (58%) agree the NHS puts quality at the heart of all it does. This has not changed significantly since the last wave of the survey, but the proportion disagreeing with this statement has decreased (from 37% in winter 2013 to 32% now). One in ten (10%) says they don't know about this.

Figure 10: Agreement with the statement: 'The NHS puts quality at the heart of all it does'

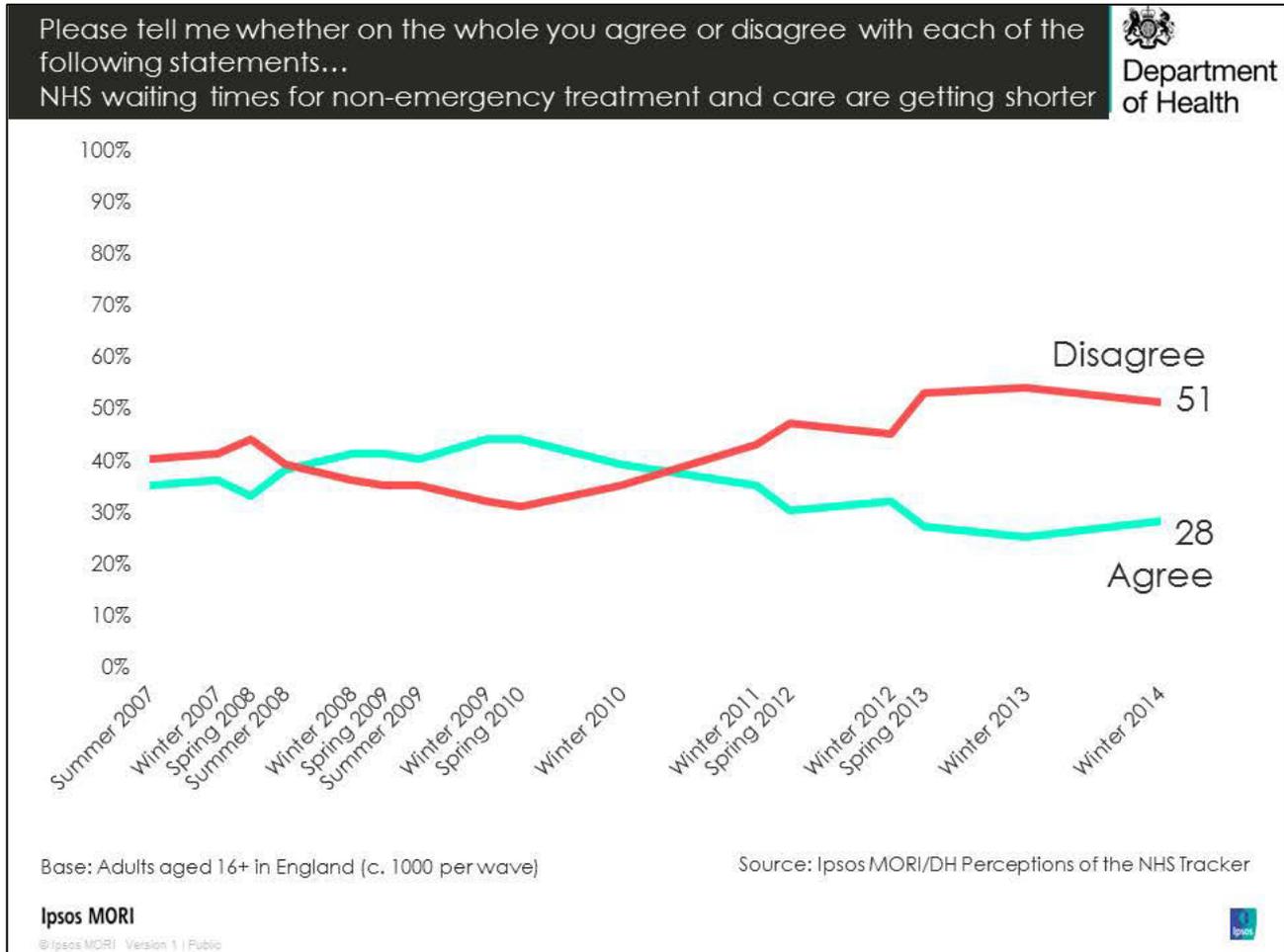


Older people are particularly positive that the NHS puts quality at the heart of all it does (70% of those aged 75 and over agree it does compared with 58% overall). Informal carers are less convinced than non-carers about this (39% disagree that the NHS puts quality at the heart of all it does compared with 30% of those who are not informal carers).

4.4 Perceptions of waiting times

Approaching three in ten (28%) people agree that non-emergency waiting times are getting shorter, while just over half (51%) disagree that they are.

Figure 11: Agreement with the statement: 'NHS waiting times for non-emergency treatment and care are getting shorter'



Informal carers are also more likely than those without caring responsibilities to disagree that NHS waiting times for non-emergency treatment and care are getting shorter (57% compared with 50%).

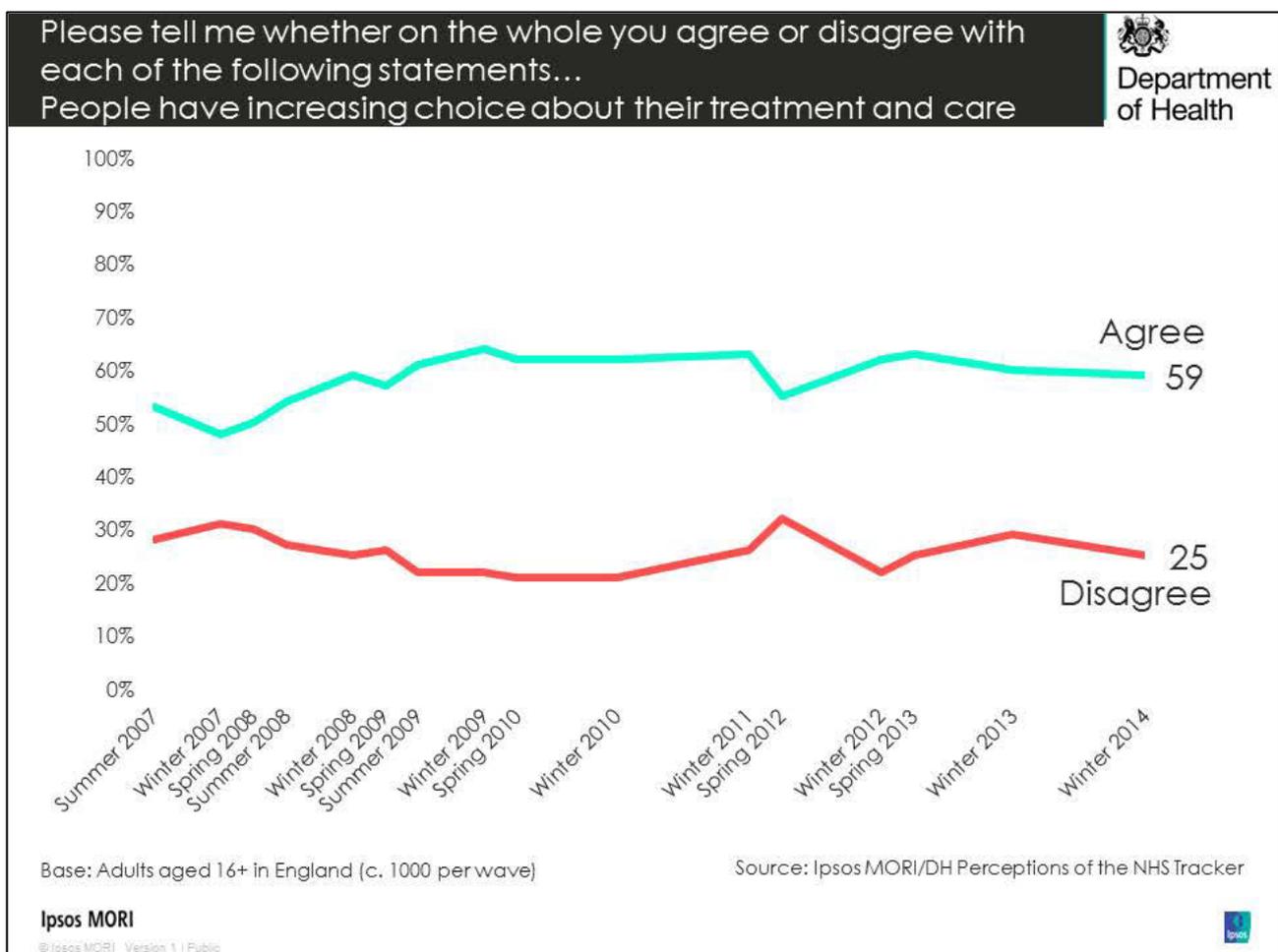
5 Choice and patient involvement

This chapter explores public perceptions of choice within the NHS and discusses the extent to which patients feel they were able to make choices about their own treatment to meet their needs and how involved they felt in decisions.

5.1 Perceptions of choice in the NHS

Almost six in ten (59%) members of the public agree that people have increasing choice about their treatment and care. This is in line with findings from previous waves of this survey. One-quarter (25%) of people disagree. This has fallen from the 29% who disagreed in winter 2013, but is back in line with the results in spring 2013 (when 25% disagreed).

Figure 12: Agreement with the statement: 'People have increasing choice about their treatment and care'

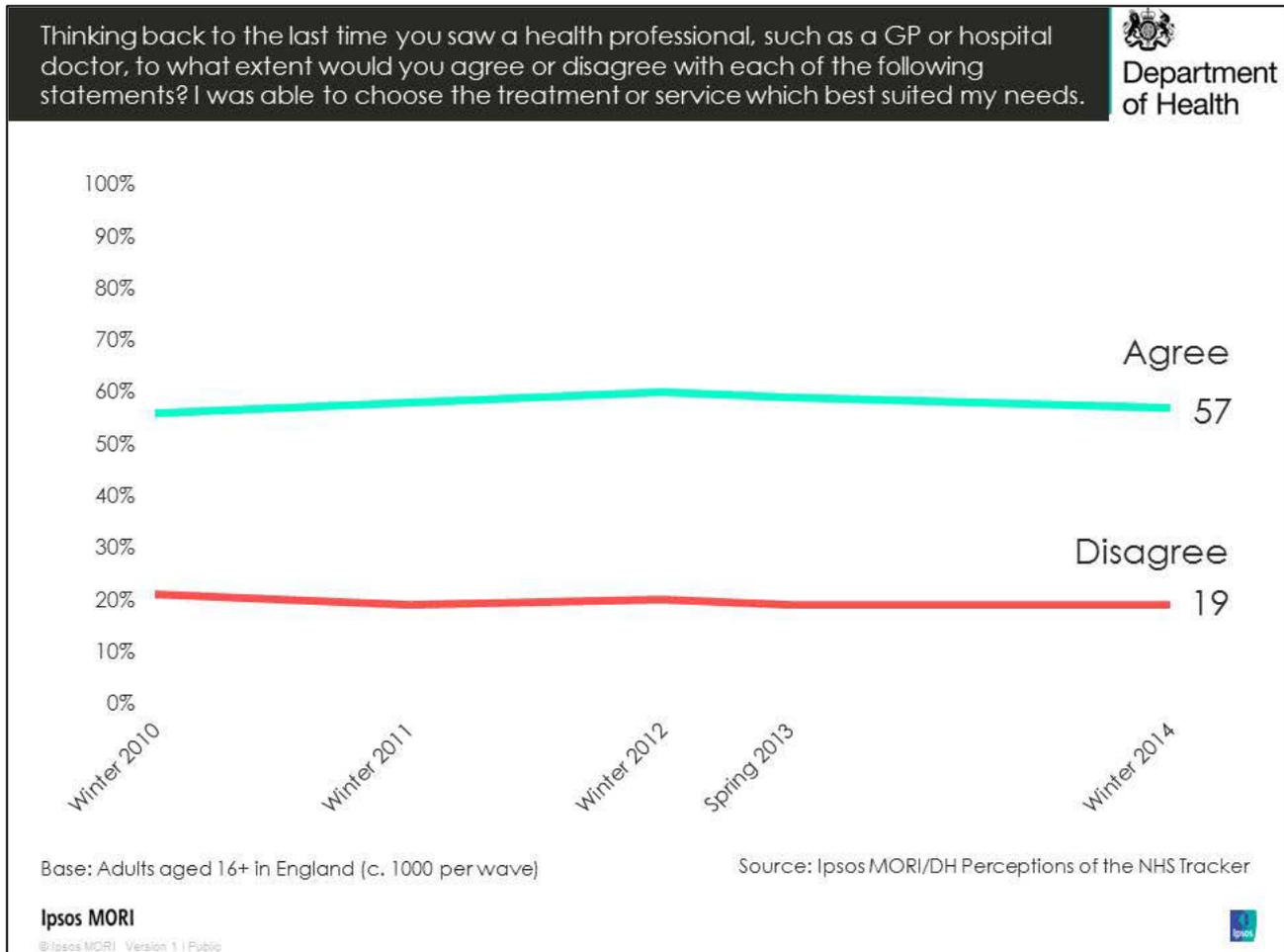


While the majority of those with a long-standing illness, disability or infirmity do agree that people have increasing choice about their treatment, this group are less positive here than the public overall (32% of this group disagree compared with 25% overall).

5.2 Experiences of choice

Almost six in ten (57%) people agree that the last time they saw a healthcare professional they were able to choose the treatment or service which best suited their needs. Almost two in ten (19%) disagree. The proportion of people agreeing with this statement has remained stable since it was first asked in December 2010.

Figure 13: Agreement with the statement: 'I was able to choose the treatment or service which best suited my needs'



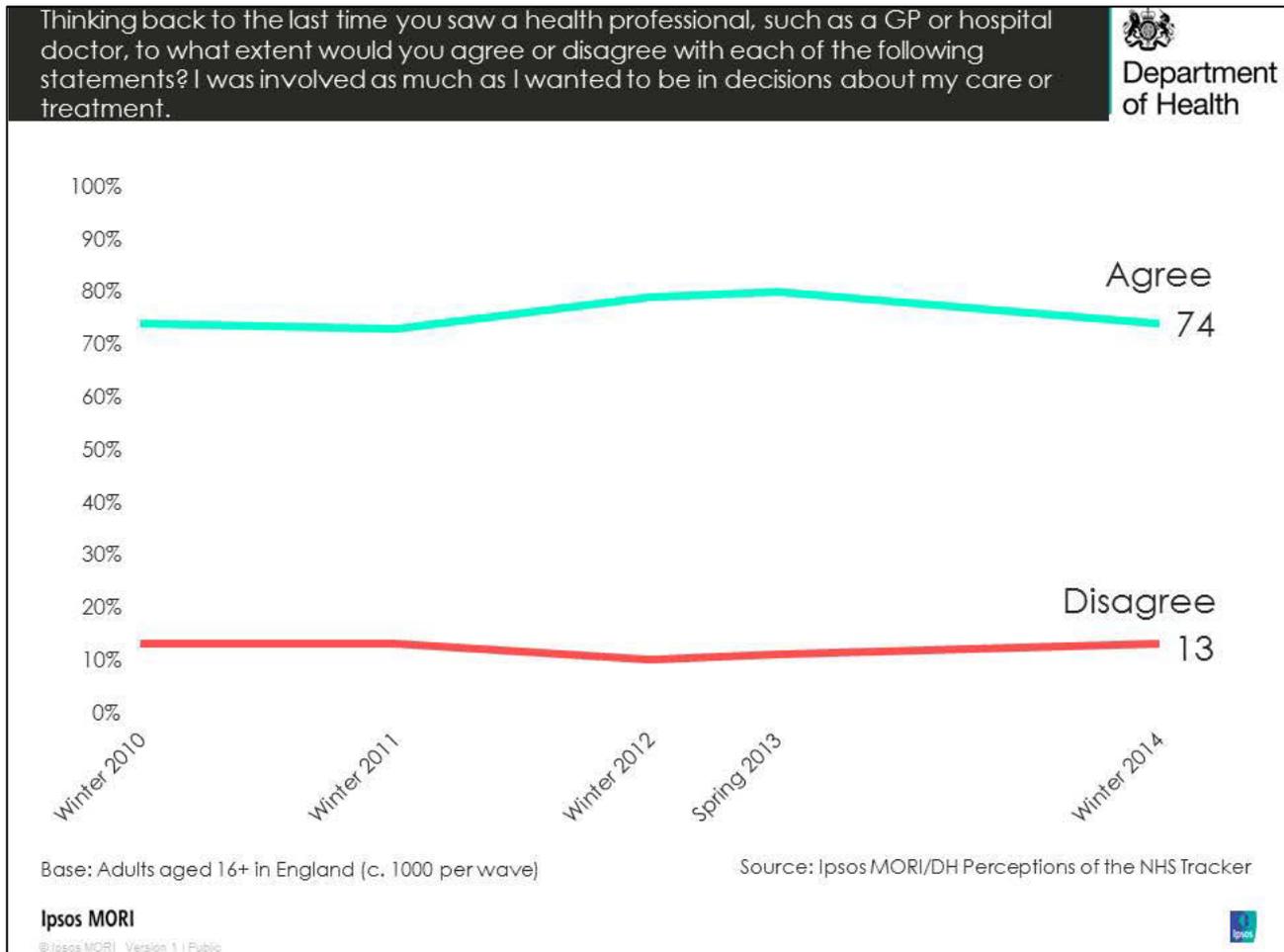
People in social grades AB and C1 are more likely to agree that the last time they saw a healthcare professional they were able to choose the treatment that best suited their needs than those in social grades DE (61% of those in social grades AB and C1 compared with 49% of those in social grades DE).

Those with a long-standing illness, disability or infirmity are more likely than the public overall to disagree with this (25% compared with 19%).

5.3 Experiences of involvement in decisions

It appears that people are more positive about their involvement in decisions about their treatment or care than they are about whether they were able to make a choice about it the last time they saw a health professional. Almost three quarters (74%) of the public agree that the last time they saw a healthcare professional they were involved as much as they wanted to be in these decisions. However, this has fallen since spring 2013 when 80% agreed.

Figure 14: Agreement with the statement: 'I was involved as much as I wanted to be in decisions about my care or treatment'



There are some demographic differences. Older people are more likely than younger groups to agree that they were involved as much as they wanted to be in decisions about care or treatment (for example 82% of those aged 75 and over agree compared with 60% of those aged 16 to 24). Furthermore, those in social grades AB are more likely than those in social grades DE to agree they were as involved as they wanted to be (79% compared with 64%). However, people who have a long-standing illness, disability or infirmity are less positive than the public overall (19% disagree with this statement compared with 13% overall), though the majority still agree.

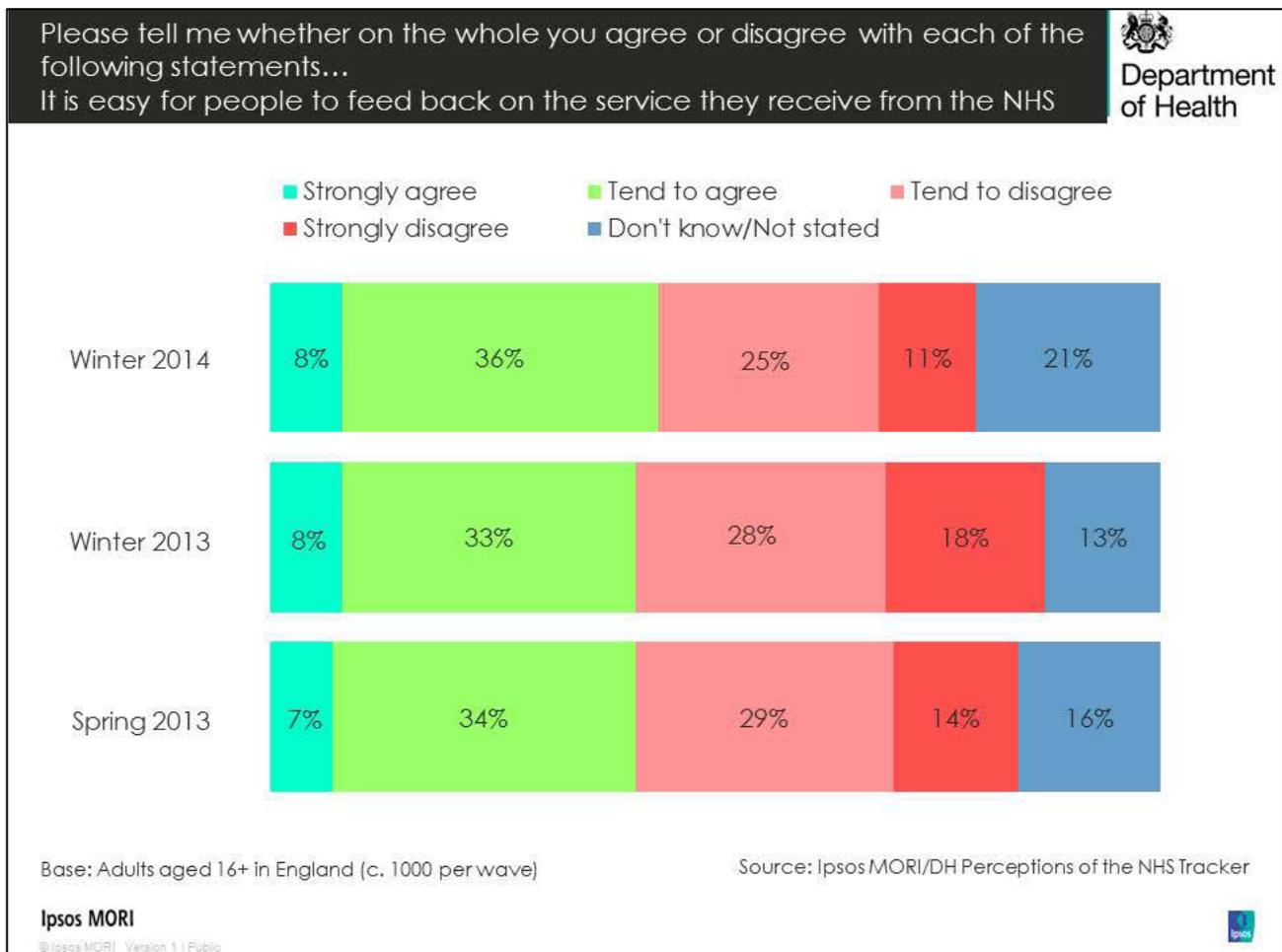
6 Feedback and complaints

This chapter explores the extent to which people feel it is easy to feed back on NHS services. It then considers attitudes towards making a complaint about services

6.1 Perceived ease of feeding back on services

Over two in five (44%) members of the public agree that it is easy for people to feed back on the service they receive from the NHS, in line with findings in winter and spring 2013 (when 41% of people agreed).¹⁴

Figure 15: Agreement with the statement: 'It is easy for people to feed back on the service they receive from the NHS'



There are differences by social grade in relation to this question. People in social grades AB are more likely to disagree than agree that it is easy to feed back on the service received (44% disagree and 36% agree) while the pattern is reversed for those in social grades DE (32% disagree and 46% agree).

Informal carers are more likely to disagree than those without caring responsibilities that it is easy to feed back on NHS services (43% compared with 33%).

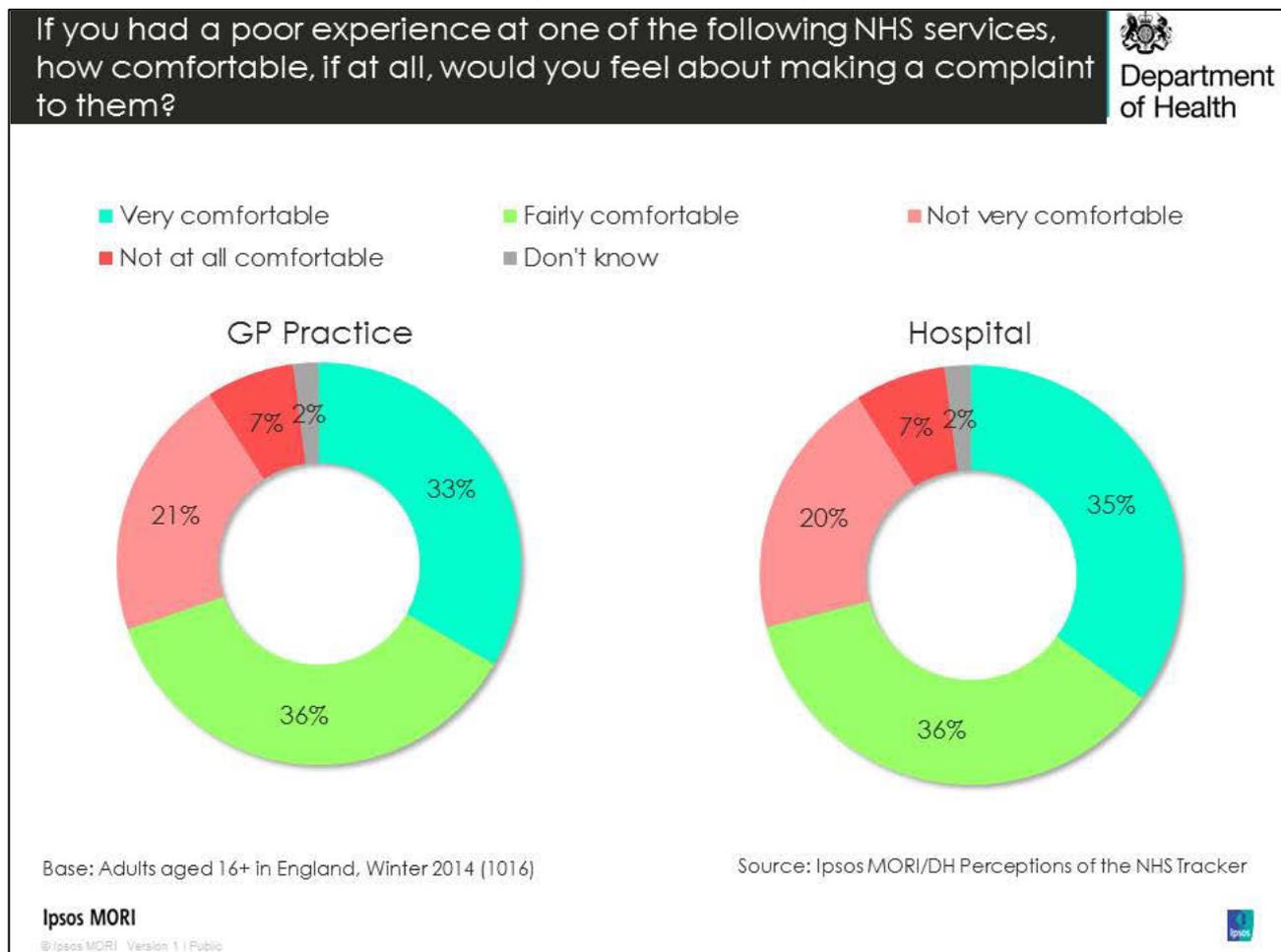
¹⁴ When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 12.4.3.

Those with a long-standing illness, disability or infirmity are also more negative than the public overall (47% disagree compared with 36% of people overall).

6.2 Attitudes towards making a complaint¹⁵

Although the proportion of people who perceive giving feedback to be easy is still relatively low, most people say they would feel comfortable making a complaint if they needed to. Around seven in ten people say that if they had a poor experience at an NHS hospital (71%) or GP practice (69%) they would feel comfortable making a complaint to them. In fact, around one in three says they would feel very comfortable (35% to a hospital and 33% to a GP practice). However, more than one-quarter of the public say they would not feel comfortable making a complaint (27% and 28% respectively).

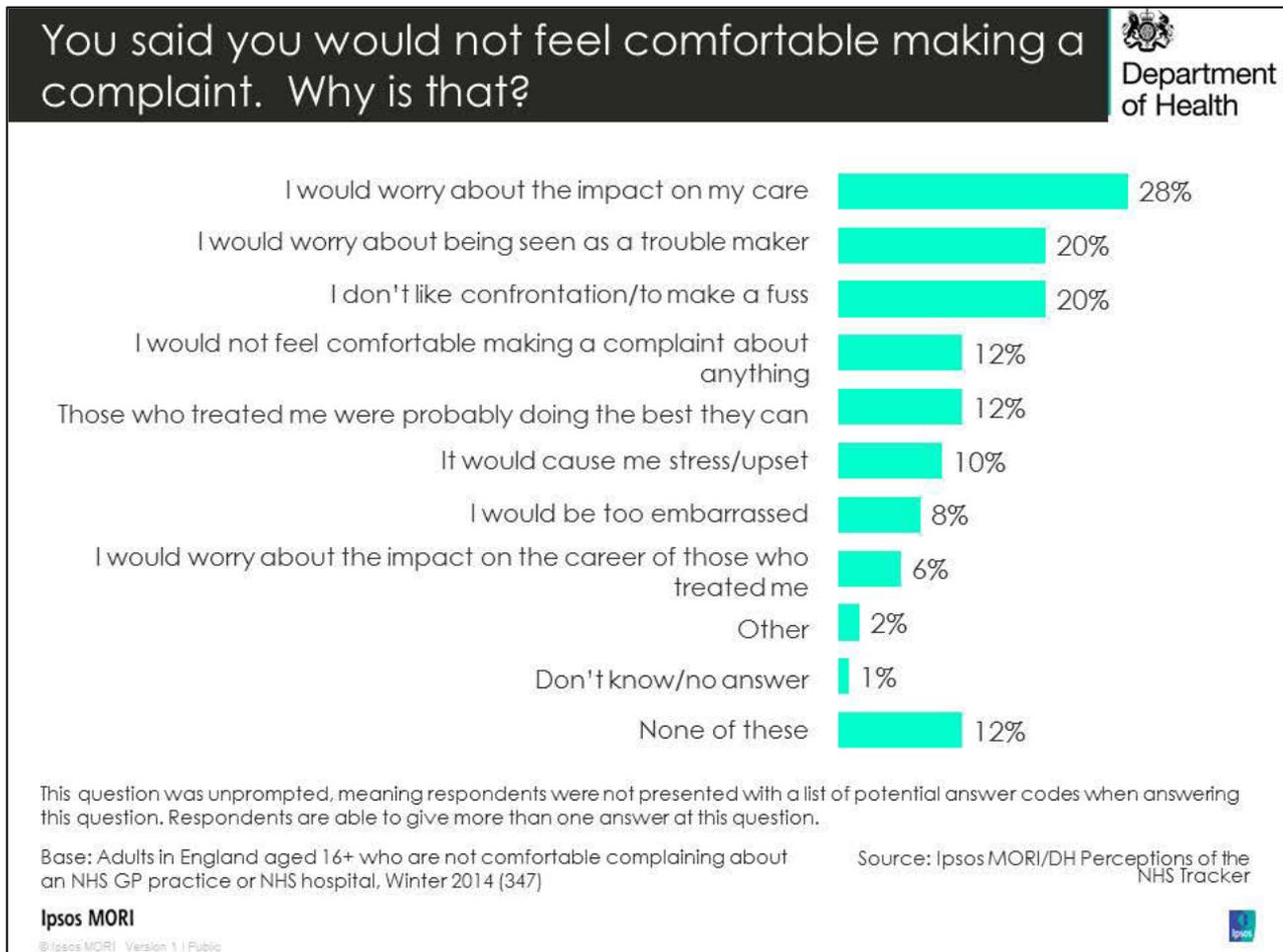
Figure 16: Response to the question: 'If you had a poor experience at one of the following NHS services, how comfortable, if at all, would you feel about making a complaint to them?'



¹⁵ The questions reported on in section '6.2 Attitudes towards making a complaint' were asked for the first time in the winter 2014 wave of the survey.

Just looking at those who say they would not feel comfortable making a complaint about an NHS GP practice or NHS hospital, more than one-quarter (28%) say this is because they would worry about the impact it would have on their care. A further two in ten (20%) say that they would worry about being seen as a trouble maker, and the same proportion (20%) say that they do not like confrontation or to make a fuss.¹⁶

Figure 17: Reasons stated for not feeling comfortable making a complaint about a GP practice or hospital



The numbers of people who would not feel comfortable making a complaint about an NHS hospital or GP practice are too small to identify any relevant significant differences between different groups of people.

¹⁶ This question was unprompted, meaning respondents were not presented with a list of potential answer codes when answering this question.

7 Public health

This chapter discusses perceived health problems facing the public and older people specifically, along with perceptions of the Government's role in supporting people to live healthily.

7.1 The biggest perceived health problems facing people today¹⁷

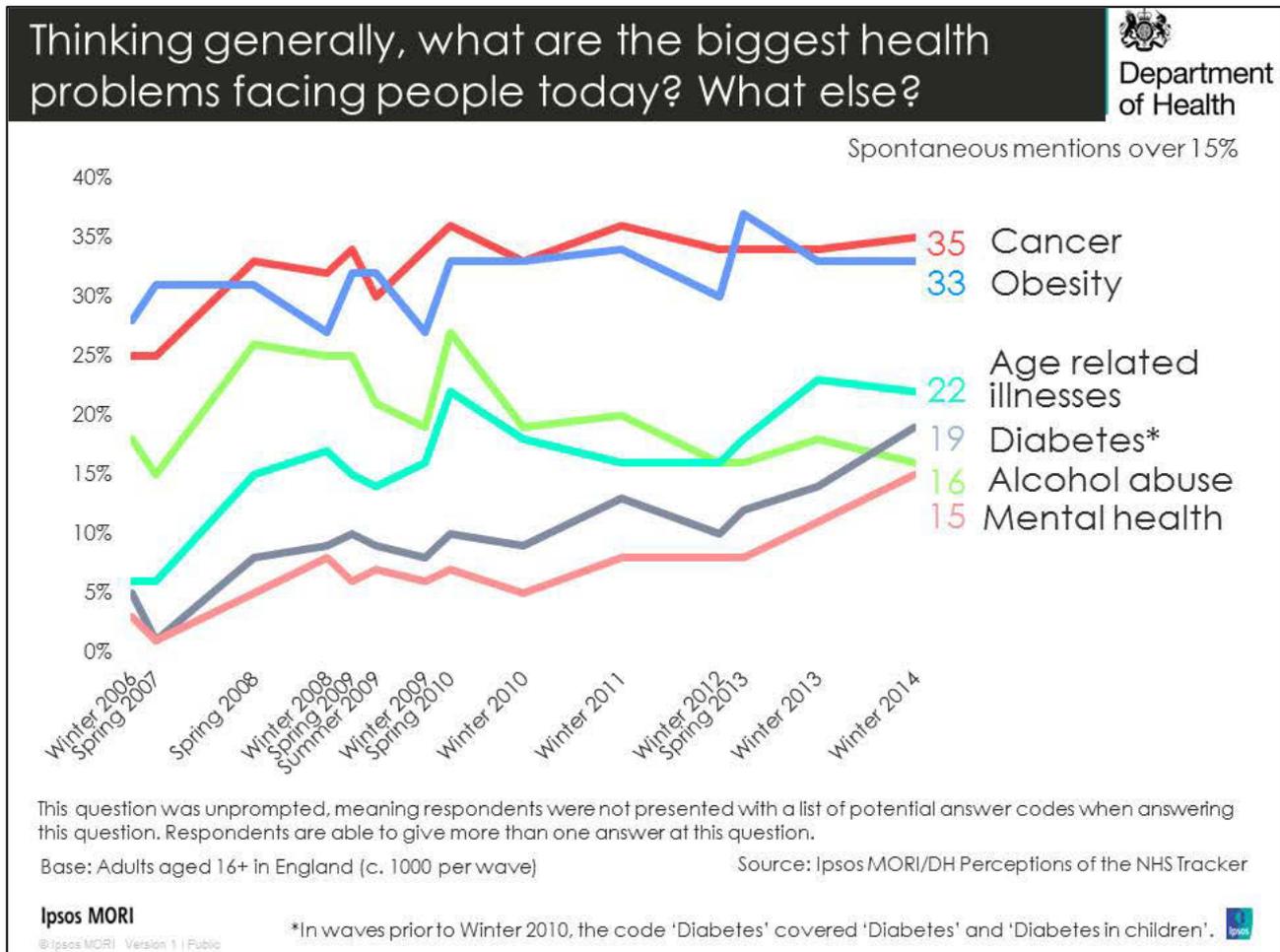
Cancer is seen as the biggest health problem facing people today (35% mention this). This is closely followed by obesity (mentioned by 33% of people), while 22% mention age-related illnesses. These proportions have not changed significantly since winter 2013.

Concern around diabetes and mental health has risen over the last year. Almost one in five (19%) now names diabetes as one of the biggest health problems facing people today, compared with 14% in winter 2013. The proportion mentioning mental health has risen by four percentage points (15% now mention this compared with 11% in winter 2013).

In contrast, concern about smoking-related illnesses and heart disease has declined. Around one in ten considers smoking-related illnesses (12%) and heart disease/attacks (10%) to be the biggest health problem people face. In winter 2013, 16% mentioned smoking-related illnesses and 15% mentioned heart disease/attacks.

¹⁷ This question was unprompted, meaning respondents were not presented with a list of potential answer codes when answering this question.

Figure 18: Perceptions of the biggest health problems facing people today



There are some differences in perceptions of the biggest health problems facing people among different age groups. Younger people are more likely than others to cite mental health as the biggest health problem (for example 19% of those aged 16 to 24 and 21% of those aged 25 to 34 consider this the biggest health problem compared with 9% of those aged 75 and over). Older groups, perhaps unsurprisingly, are more concerned about age-related illnesses. For example, 37% of those aged 75 and over mention age-related illnesses, compared with 10% of those aged 16 to 24 and 22% overall.

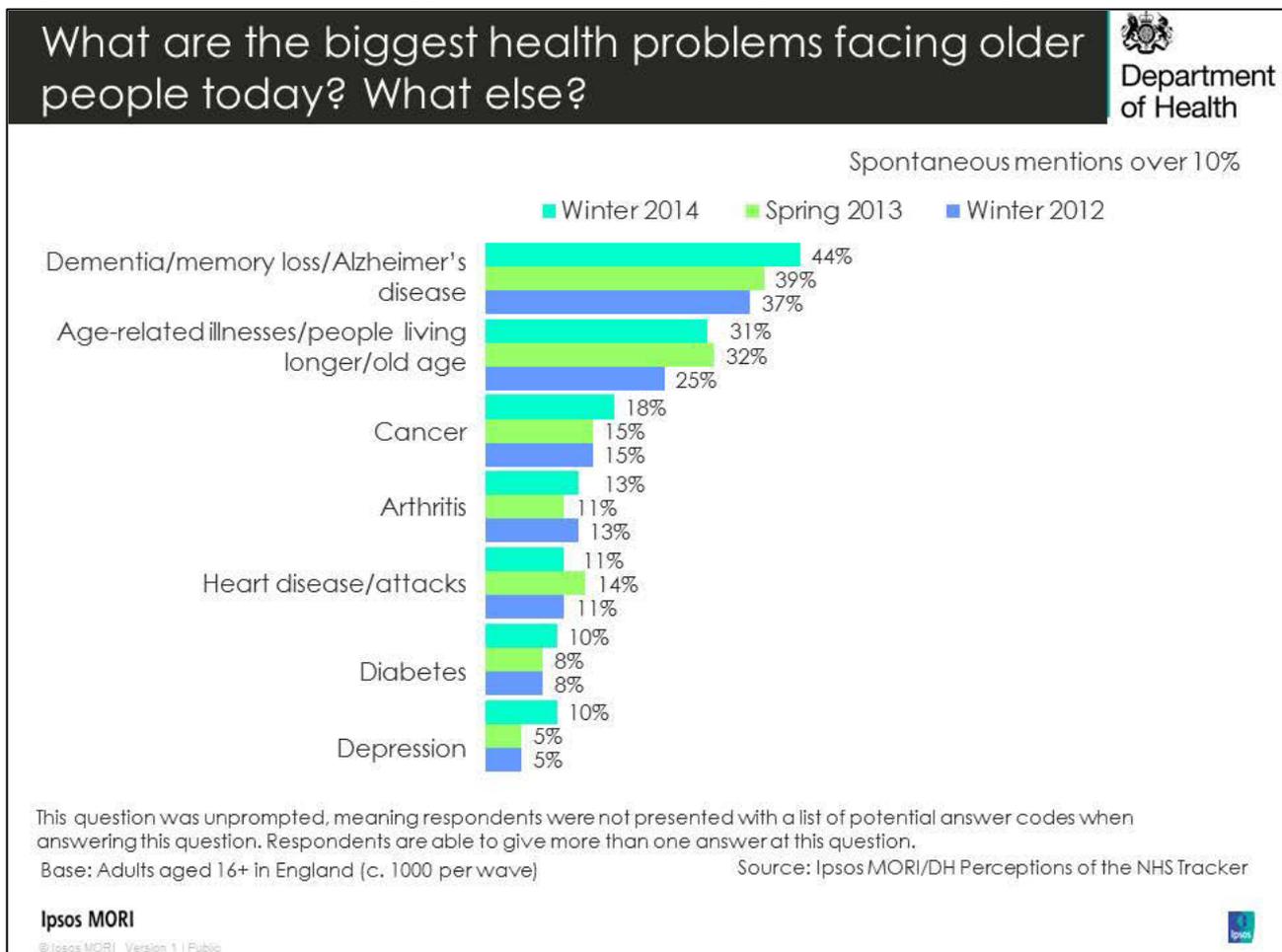
7.2 The biggest perceived health problems facing older people¹⁸

Looking at health problems facing older people in particular, Dementia/Alzheimer's disease is seen as the biggest, mentioned by more than four in ten (44%) people. A further 31% mention age-related illnesses.

More people than in spring 2013 are concerned about depression as an issue facing older people (10% mention this now compared with 5% in spring 2013), and smoking-related illnesses (5% mention this now compared with 3% in spring 2013).

As with perceptions of the biggest health problems facing people in general, fewer are concerned about heart disease/attacks as a problem facing older people than before. Just over one in ten (11%) now mentions this as the biggest health problem facing older people, compared with 14% in spring 2013. However, the proportion citing this is in line with the proportion who did so two years ago (11% in winter 2012).

Figure 19: Perceptions of the biggest health problems facing older people today

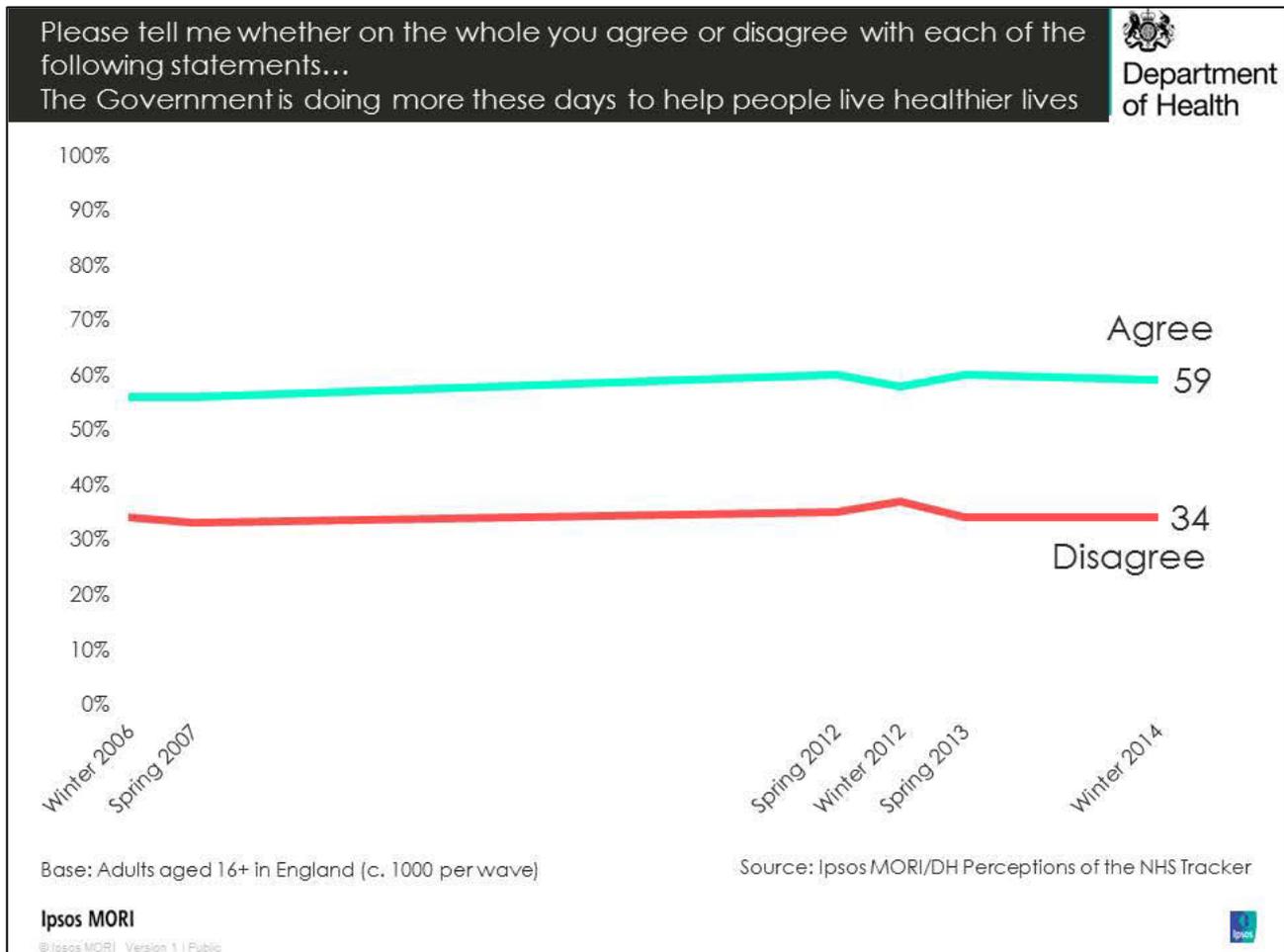


¹⁸ This question was unprompted, meaning respondents were not presented with a list of potential answer codes when answering this question.

7.3 Perceptions of the Government's role in helping people live healthier lives

The majority of people recognise the Government's role in supporting people to live healthily. Almost six in ten (59%) agree it is doing more these days to help people live healthier lives, in line with results since winter 2012. One in three (34%) disagrees, an identical proportion to that seen in spring 2013.

Figure 20: Agreement with the statement: 'The Government is doing more these days to help people live healthier lives'



Older people aged 75 and over are more likely to agree that the Government is doing more to help people lead healthy lives (71% compared with 59% overall).

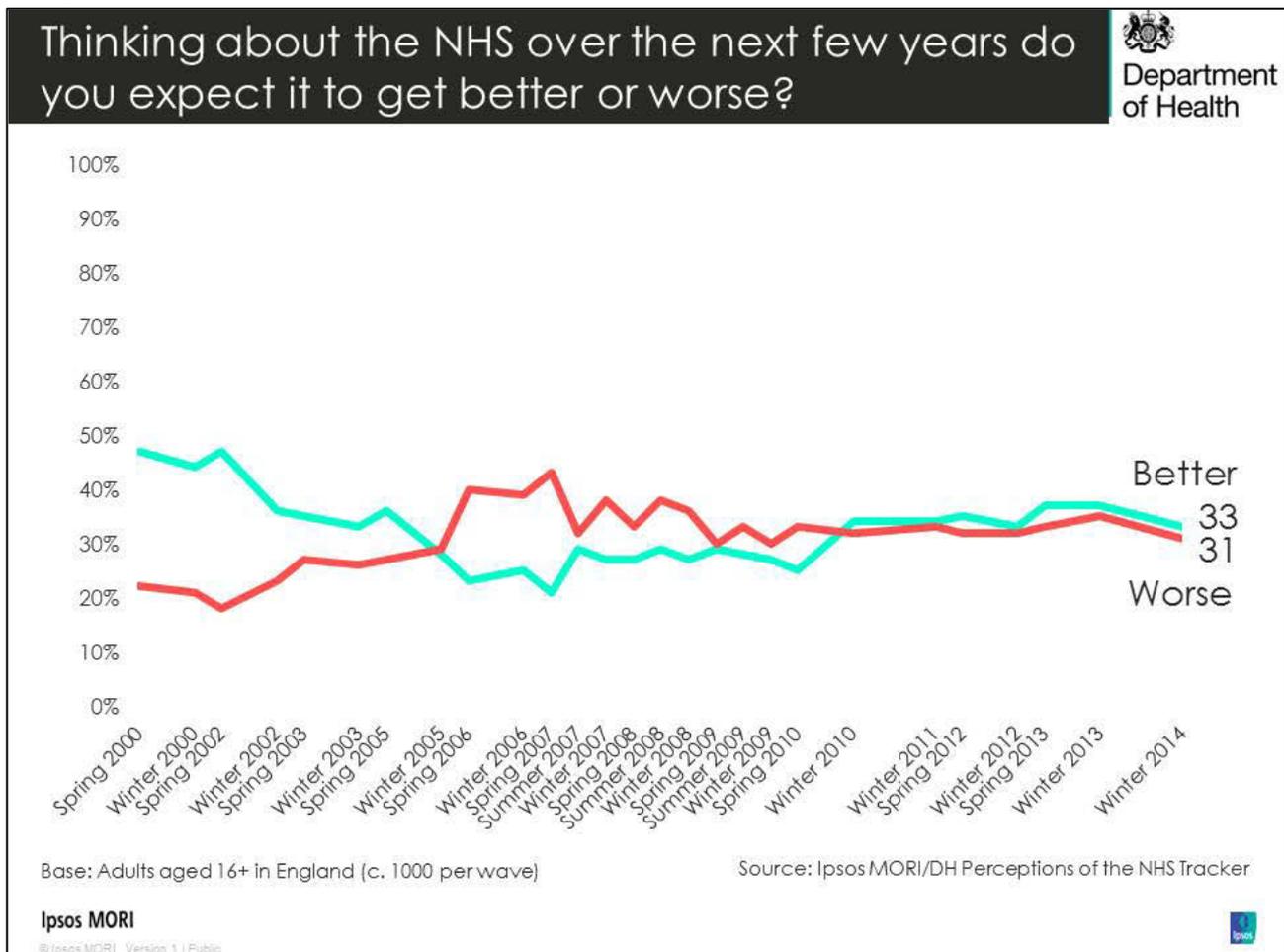
8 The changing NHS

This chapter outlines public expectations of future care from the NHS, changes to the NHS in moving services into the community and involving the private sector, and new communication channels for patients.

8.1 Overall expectations for the future

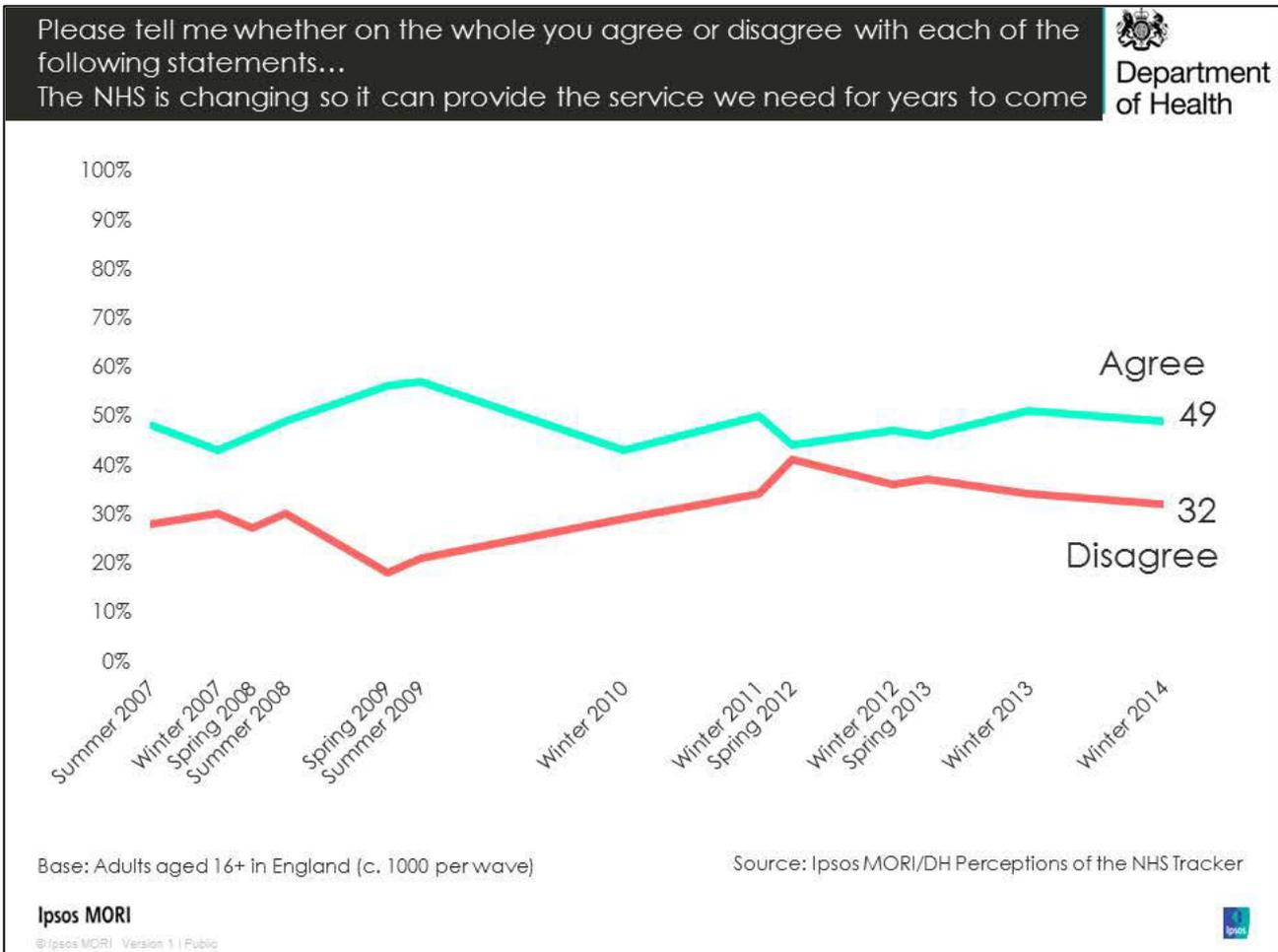
A similar proportion of people feel optimistic as feel pessimistic about the future of the NHS. One in three (33%) expects the NHS to get better over the next few years, while a similar proportion (31%) thinks it will get worse. This pattern has been the same for the last four years. The proportion who think the NHS will stay about the same has risen slightly in the past year, from 24% in winter 2013 to 29% now.

Figure 21: Response to the question: 'Thinking about the NHS over the next few years do you expect it to get better or worse?'



Public opinion is also divided about whether or not the NHS is changing so it can provide the service we need for years to come. Almost half (49%) agree, while almost one third (32%) disagrees and almost two in ten (19%) do not know. These results have not changed significantly since winter 2013, but more people now agree that the NHS is changing for the better than in spring 2012 (when 44% agreed and 41% disagreed).

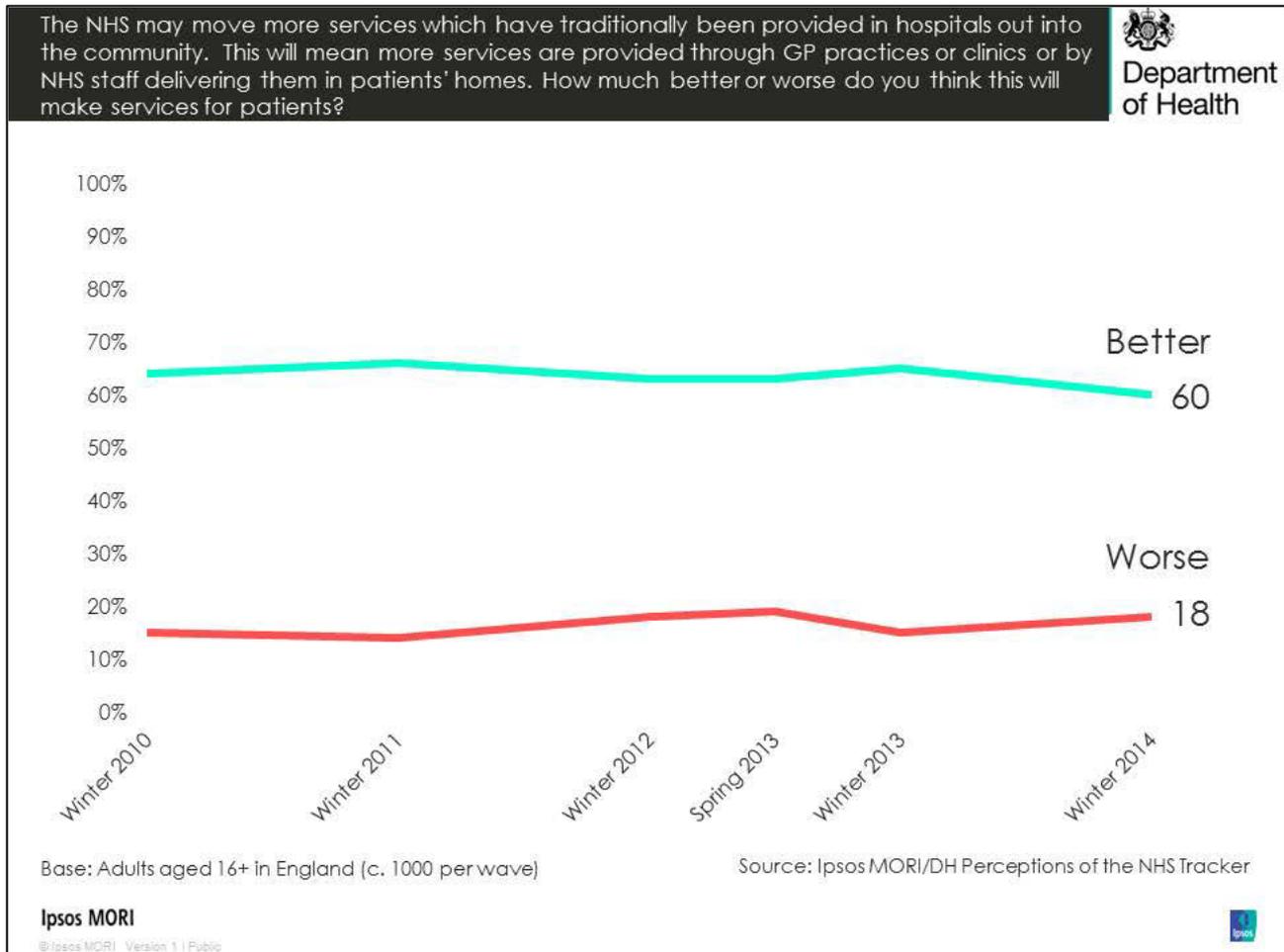
Figure 22: Agreement with the statement: 'The NHS is changing so it can provide the service we need for years to come'



8.2 Attitudes to specific structural changes

The majority (60%) of people think that moving services which have traditionally been provided in hospitals out into the community will improve services for patients. However, optimism about this has fallen since last year, when 65% thought this would make services better, and is at its lowest since this question was first asked in winter 2010.

Figure 23: Moving services into the community: Response to the question: 'How much better or worse do you think this will make services for patients?'

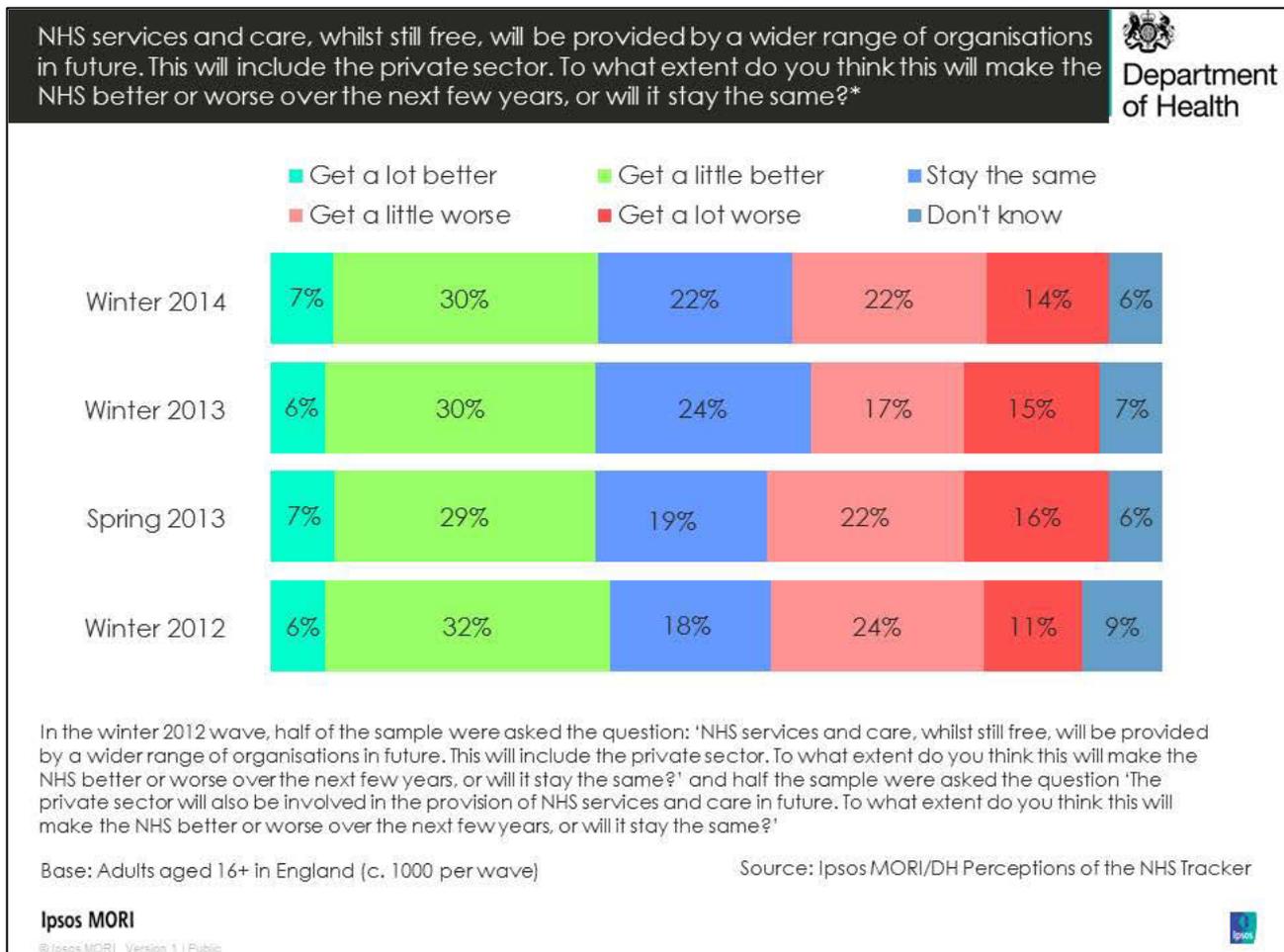


Younger people are more positive about this development. For example, just over seven in ten (72%) of those aged 16 to 24 think this will improve services, compared with 60% overall.

People with a long-standing illness, disability or infirmity are more likely to be negative about moving services from hospitals into the community than the public overall (28% think this will make services worse for patients compared with 18% overall).

Attitudes to NHS services and care being provided by a wider range of organisations, including the private sector, are divided. Just over one in three (37%) thinks this change to service provision will improve the NHS and a similar proportion (36%) thinks it will make it worse. Just over two in ten (22%) think the NHS will stay the same as a result. The proportions thinking that widening the range of organisations involved in the provision of care will make the NHS better or worse have not changed significantly since winter 2012.¹⁹

Figure 24: Increased range of service providers: Response to the question: '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?'



Again, younger people are more positive than older groups about this change. Over half (53%) of those aged 16 to 24 think it will make the NHS better, compared with 37% overall.

Those in social grades AB are particularly negative about widening the range of organisations providing NHS care, with more thinking that this will make the NHS worse (42%) over the next few years than better (34%).

¹⁹ When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 12.4.3.

8.3 Perceptions of future care for specific groups

Looking at care for particular groups (children, people over 65, people with dementia, people with long-term illnesses or conditions, and people with mental health conditions), public opinion is relatively divided about whether things will get better or worse in the future. Similar proportions think local NHS care will get better as think it will get worse, or stay about the same.

Children

People are most positive about future care for children. Close to four in ten (38%) think care will get better over the next few years, and this has increased by eight percentage points (from 29%) since spring 2013. Around the same proportion (41%) thinks it will stay about the same. One in eight (12%) thinks it will get worse, and has not changed significantly from the 13% recorded in spring 2013²⁰, though it is lower than the 21% seen in winter 2012.

People with dementia

Public opinion is more divided about care for people with dementia. Around the same proportion think it will get better (31%) over the next few years as think it will stay the same (28%) and get worse (27%). However, people are more positive than they were in spring 2013 (when 33% thought care would get worse and 24% thought it would get better).

People with mental health conditions

There is a similar pattern in views of future care for people with mental health conditions. Three in ten (30%) think it will get better, and a similar proportion (31%) thinks it will stay about the same, or get worse (28%). In spring 2013, more people thought care for people with mental health conditions would get worse (32%) than thought it would get better (20%).

People with long-term conditions

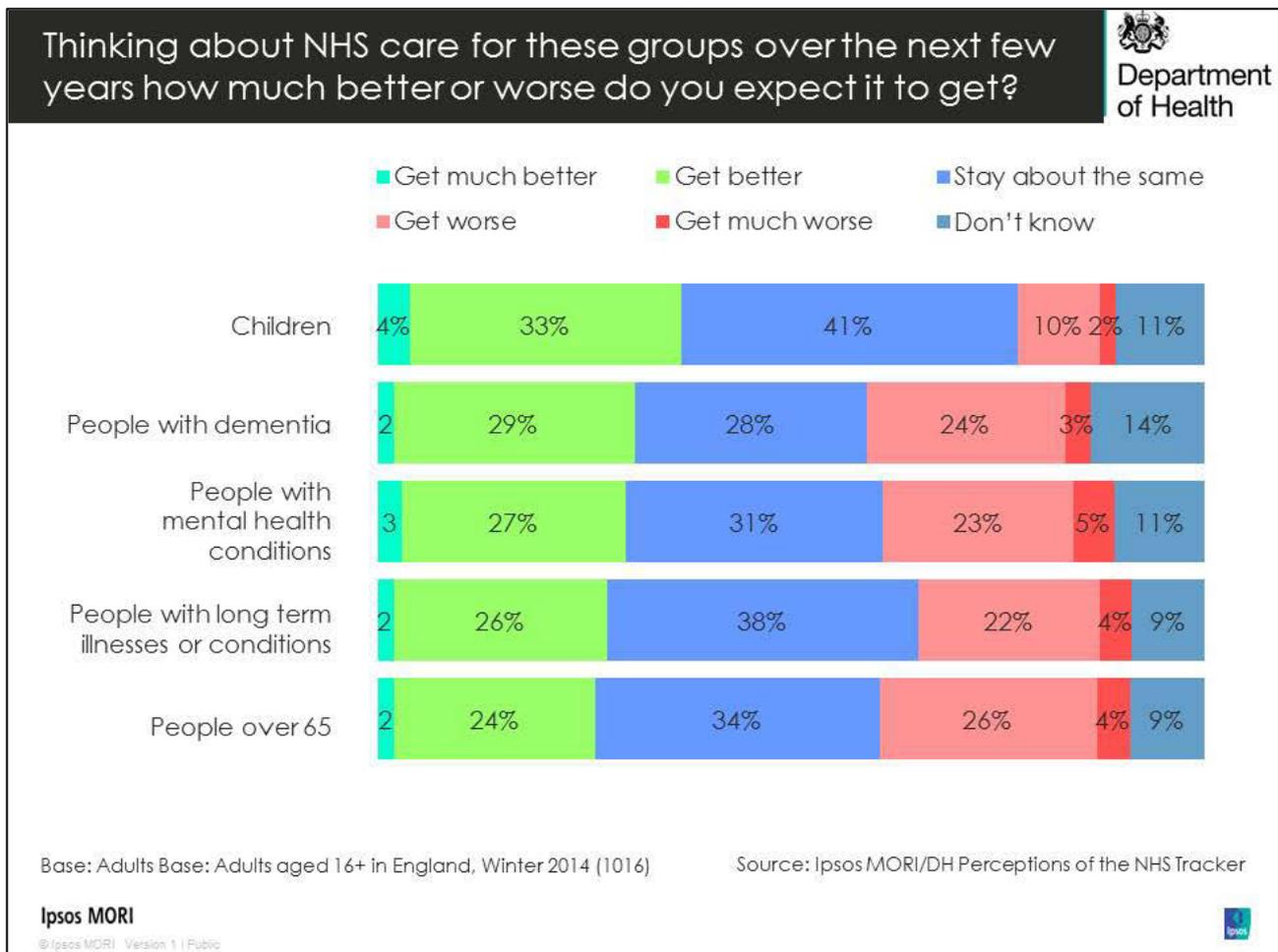
More people think that care for people with long-term conditions will stay about the same (38%) than think it will get better (28%) or get worse (26%). However, more people than in spring 2013 think care for this group will get better (22%).

People over 65

Similarly, a higher proportion of the public think care for people over 65 will stay about the same (34%) than think it will get better (26%) or get worse (30%). Again, the proportion thinking care for this group will improve has risen (from 21% in spring 2013 to 26% now) but more still think it will get worse than get better.

²⁰ When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 12.4.3.

Figure 25: Perceptions of future NHS care for specific groups



People with long-term illnesses or conditions are more negative than others about the future care for people with mental health conditions and people over 65.

- Around one third (36%) of those with a long-term illness or condition expect care for people with mental health conditions to get worse, compared with 28% overall.
- Approaching four in ten (38%) people with a long-term illness or condition expect care for people aged over 65 to get worse, compared with 30% overall.

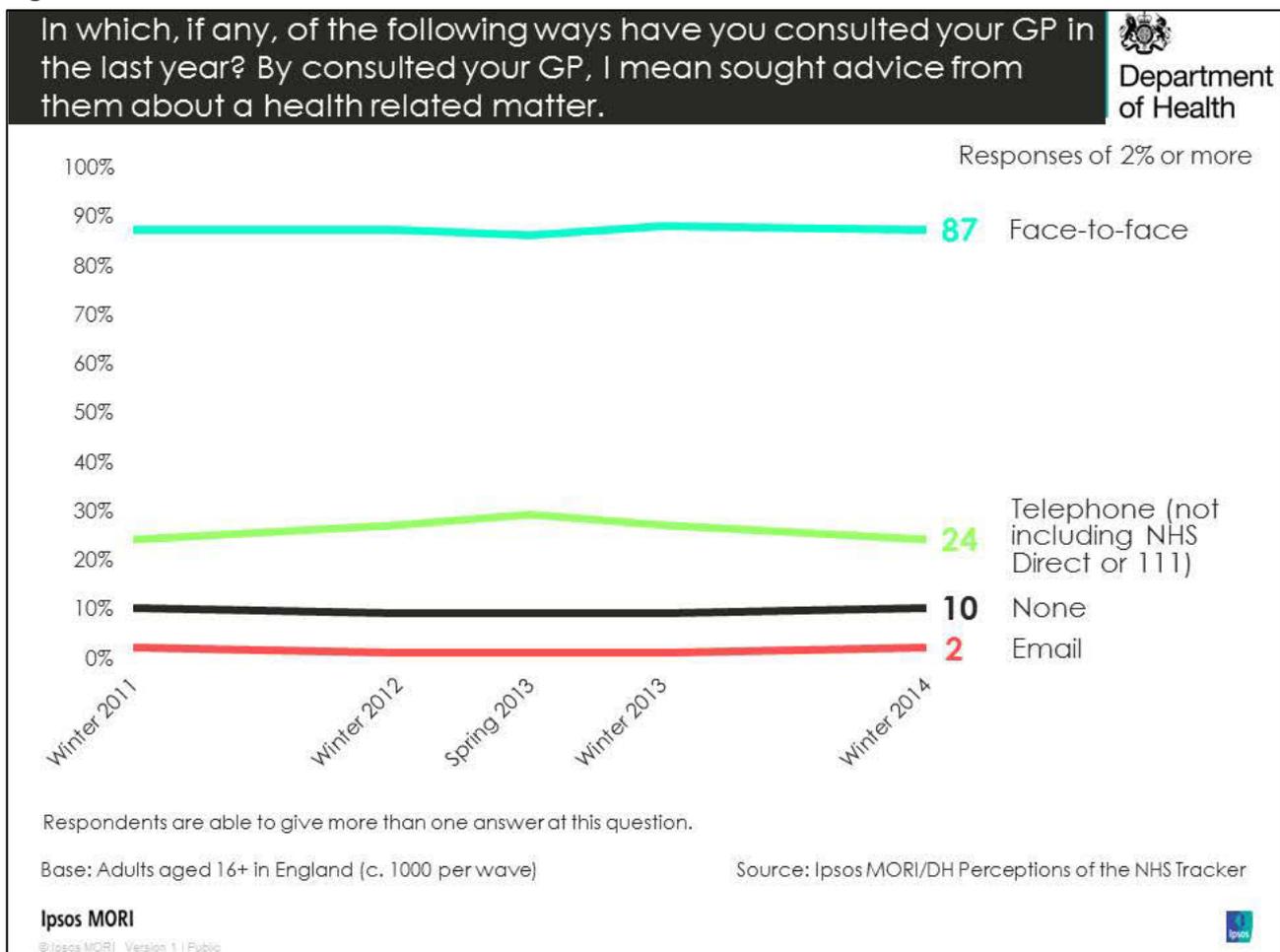
Informal carers are more negative than those who are not informal carers about the future care for all groups apart from children.

- Just over one third (36%) of informal carers expect dementia care to get worse, compared with one quarter (25%) of those who are not informal carers.
- A similar proportion (36%) of informal carers expect care for people with mental health conditions to get worse, compared with just over one quarter (25%) of those who are not informal carers.
- Around one third (35%) of informal carers expect care for those with long-term conditions to get worse, compared with 22% of those who are not informal carers.
- Approaching four in ten (38%) of informal carers expect care for people aged over 65 to get worse, compared with 27% of those who are not informal carers.

8.4 Use of new NHS communication channels

In recent years, technology has had a substantial impact on the way in which people communicate with each other and people are increasingly adopting new technology for communication with the NHS. Despite this, however, most people continue to consult their GP face-to-face. Almost nine in ten (87%) people did so in the last year. Around one-quarter (24%) of the public have consulted their GP by telephone. Very few have used any other communication channels; just 2% 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. These proportions have not changed significantly since winter 2011 when the question was first asked.

Figure 26: Communication channels used to seek advice from GP

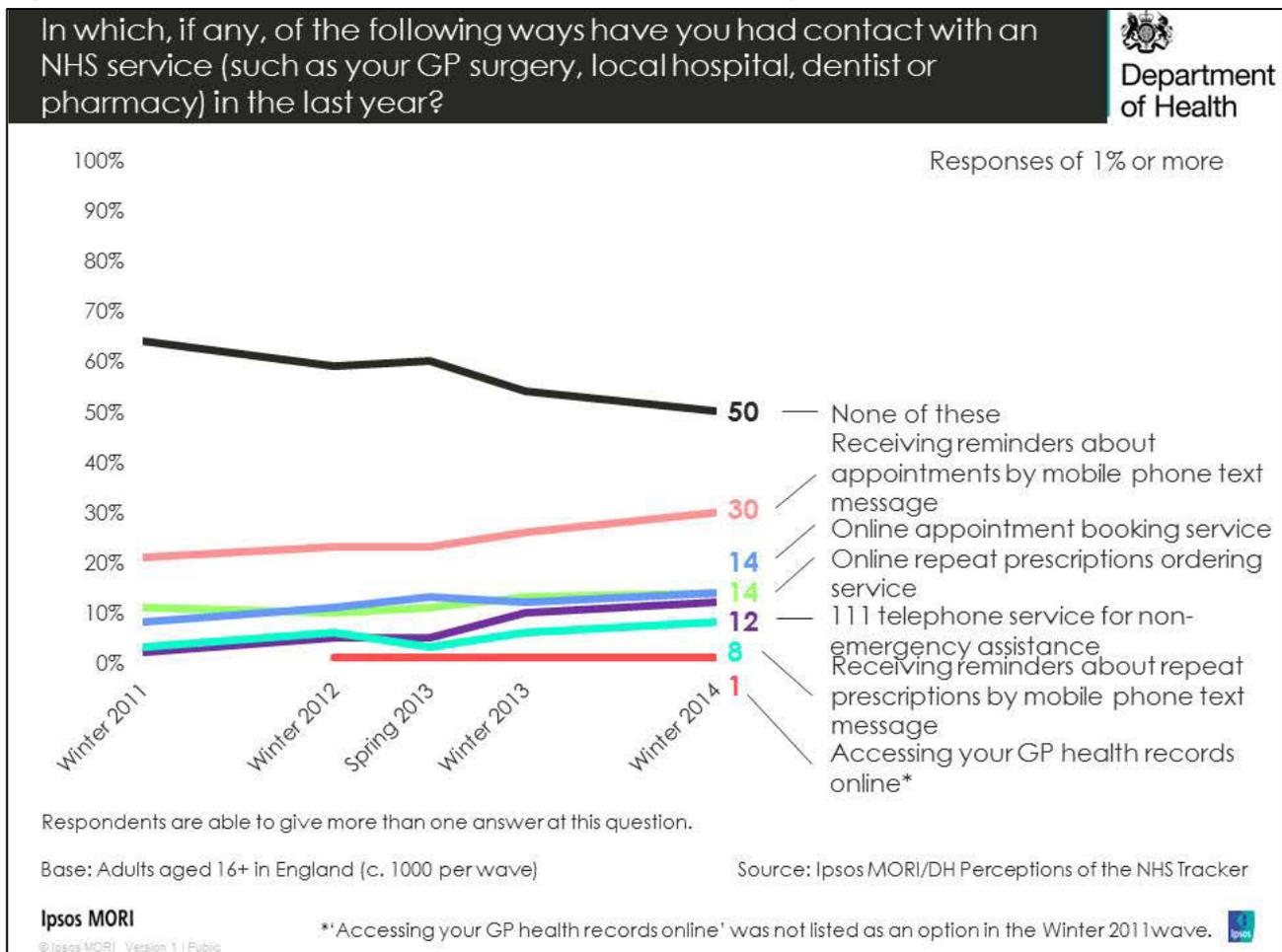


Looking at NHS services more generally, including hospitals, dentists and pharmacies, as well as GPs, there has been a rise in the proportion who have received reminders about appointments by mobile phone text message since last year (from 26% in winter 2013 to 30% now).

The proportions using other new ways to contact NHS services have not changed however: 14% booked appointments online, and a further 14% ordered repeat prescriptions online, 12% have used the 111 telephone service for non-emergency care, 8% have received reminders about repeat prescriptions by text and 1% has accessed their GP health records online.

Half of the public (50%) have not used any of these new methods to have contact with NHS services. This is lower than in winter 2011, when 64% said they had not used any of the new methods.

Figure 27: Methods used to contact an NHS service in the last year

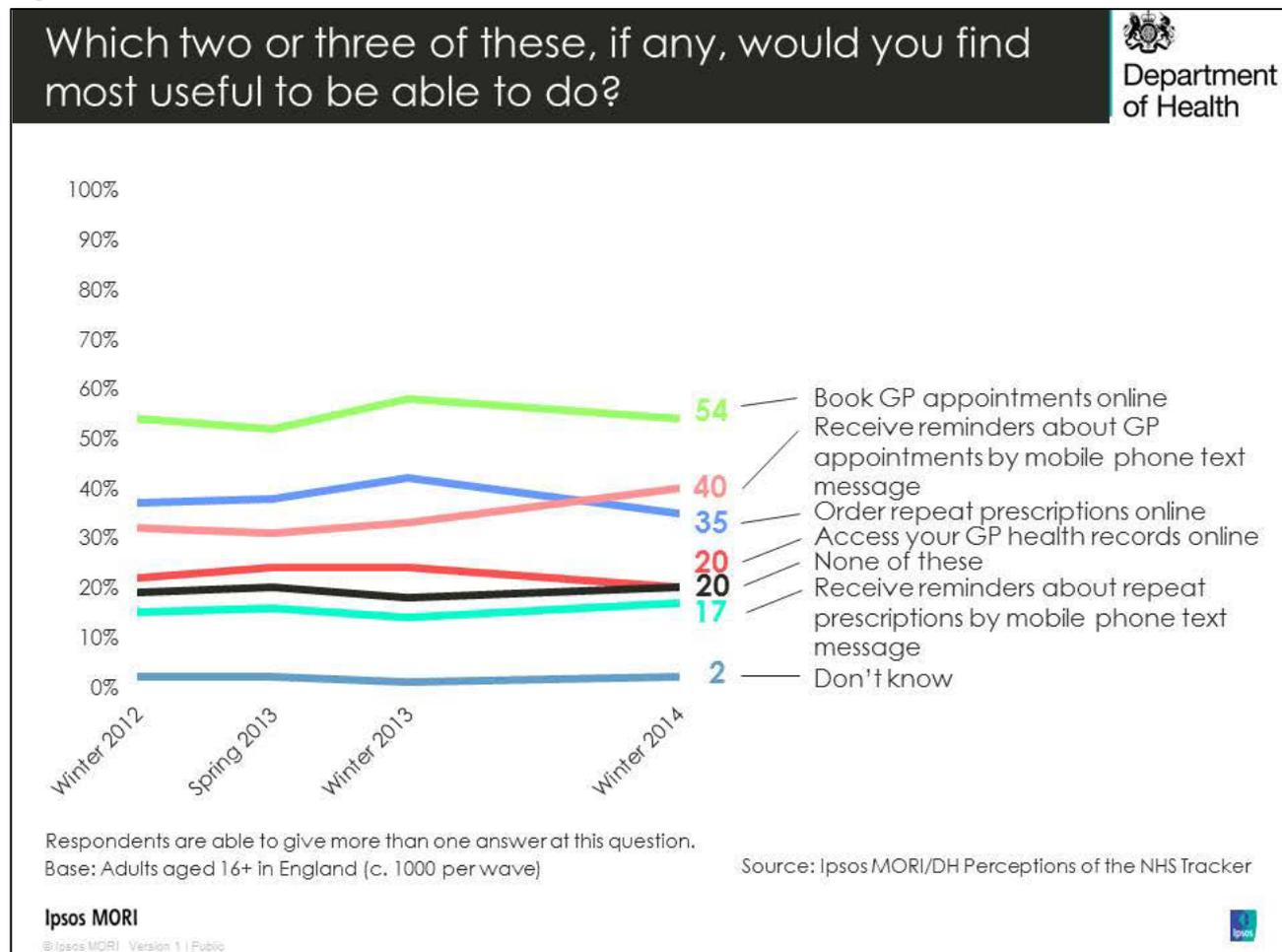


There is lower uptake of these new methods among older people. Those aged 75 and over are less likely to have received reminders about appointments by mobile phone text message (12% compared with 30% overall) and are more likely to say they have not used any of the methods mentioned to contact NHS services (79% of those aged 75 and over say this compared with 50% overall).

When asked which of the new ways of contacting NHS services would be the most useful, over half (54%) say booking GP appointments online would; and this has not changed significantly since winter 2013.

The proportion who think receiving text reminders about appointments would be useful has risen since last year (from 33% in winter 2013 to 40% now). However, fewer than before say they would find it useful to order repeat prescriptions online (35% say this now compared with 42% in winter 2013) or access their GP health records online (20% say this now compared with 24% in winter 2013). The proportion who would find it useful to receive text reminders about repeat prescriptions has not changed significantly (17% compared with 14% in winter 2013).²¹ Two in ten (20%) say they would not find any of these options useful and this has not changed significantly over the last two years (19% in winter 2012).²²

Figure 28: Most useful methods of communication



Older people are less likely than the rest of the population to think any of these new ways of contacting NHS services would be useful. Almost four in ten (37%) of those aged 65 to 74 and over six in ten (63%) of those aged 75 and over think none of the channels mentioned would be useful compared with two in ten (20%) overall.

²¹ When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 12.4.3.

²² When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 12.4.3.

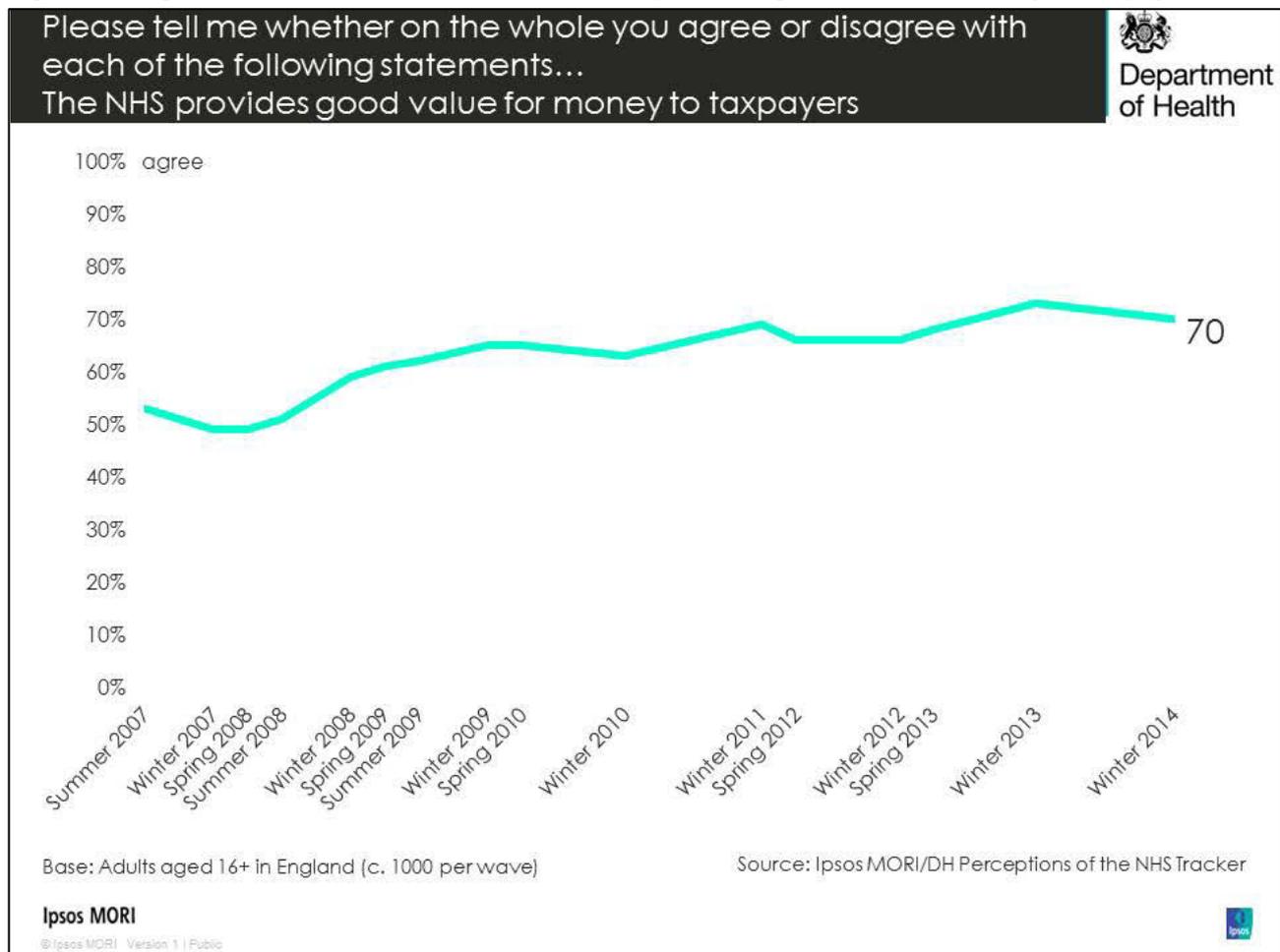
9 Funding

This chapter explores attitudes towards funding of the NHS, including perceptions of value for money and efficiency. It also looks at perceived resourcing pressures and attitudes towards future funding.

9.1 Perceptions of value for money and efficiency

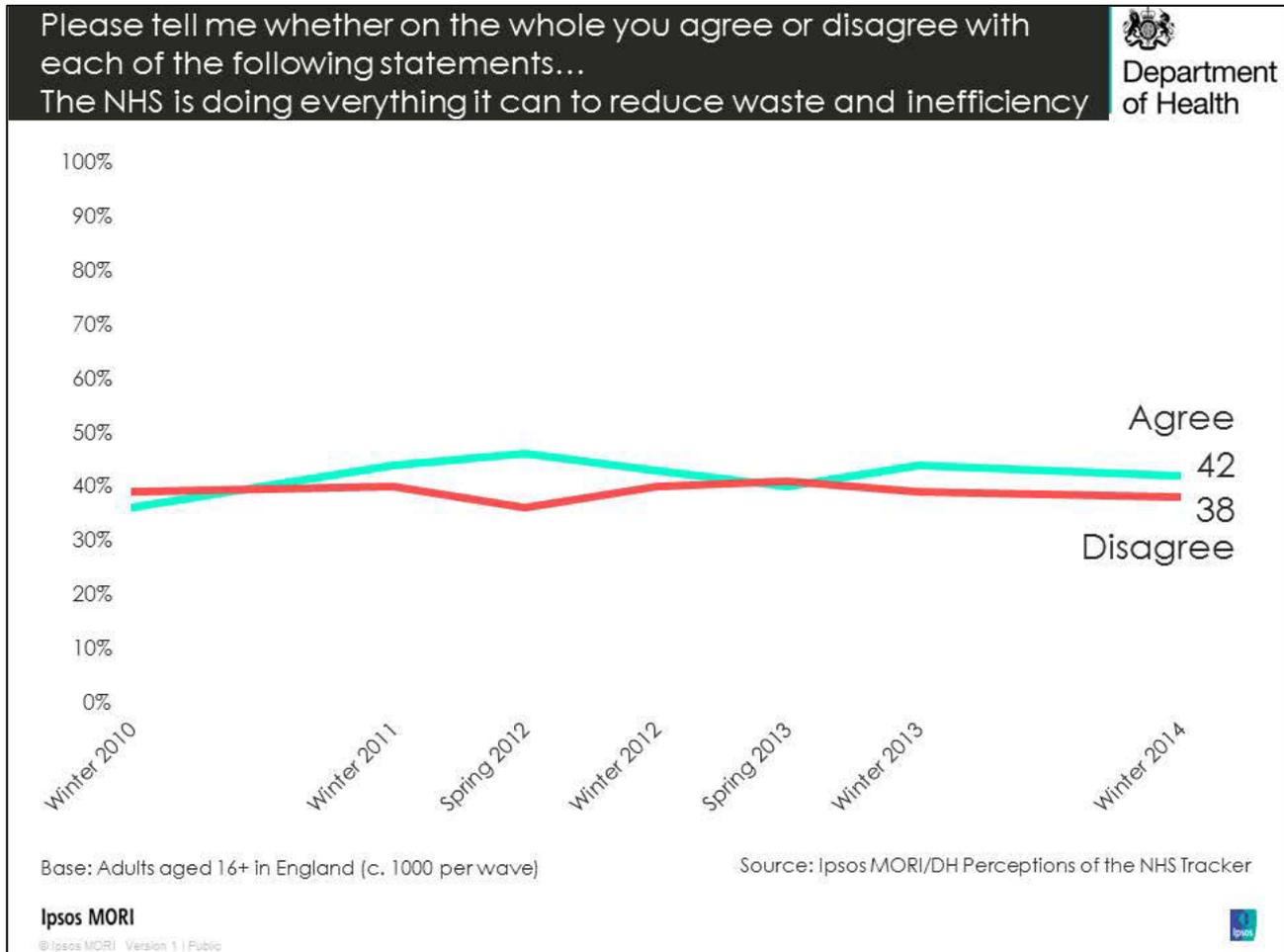
The majority (70%) of people agree the NHS provides good value for money to taxpayers, though a sizeable minority (20%) disagree. These findings have not changed significantly since last year, but more now agree the NHS provides good value for money than when the question was first asked in summer 2007 (53%).

Figure 29: Agreement with the statement: 'The NHS provides good value for money to taxpayers'



There is less consensus about whether the NHS is doing everything it can to reduce waste and inefficiency, with around four in ten (42%) agreeing it does and a similar proportion (38%) disagreeing. Two in ten (20%) say they do not know. These results have not changed significantly in the last two years.²³

Figure 30: Agreement with the statement: 'The NHS is doing everything it can to reduce waste and inefficiency'



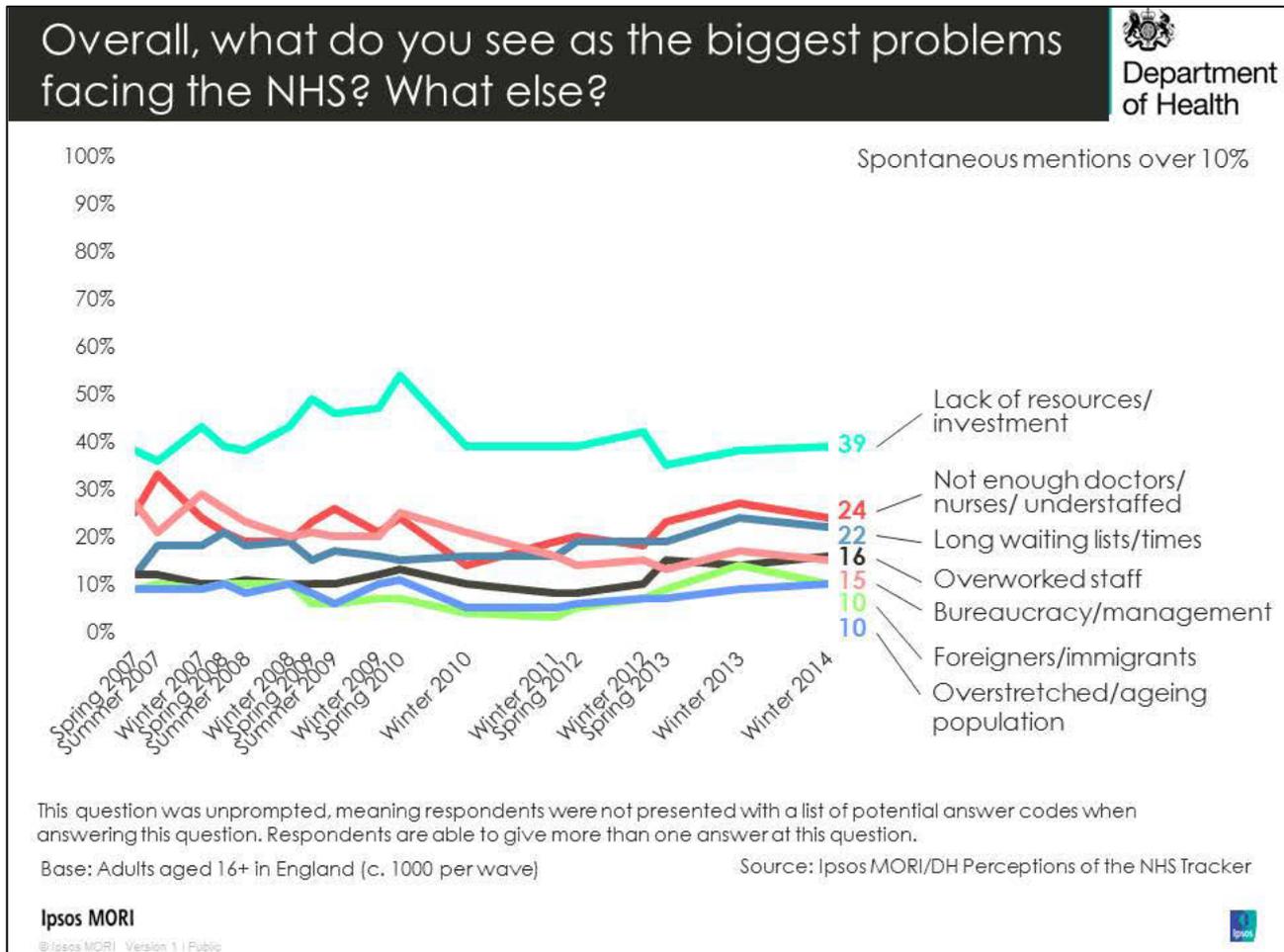
Those aged 55 to 64 (48%) and 65 to 74 (46%) are most likely to disagree that the NHS is doing all it can to reduce waste and inefficiency, compared with 38% overall.

²³ When looking at results to the same question from different waves of the survey, a difference has to be of a certain size in order to be statistically significant. In this case, the difference was not large enough to be statistically significant. For more detail, please see appendix 12.4.3.

9.2 Views of current and future funding

Lack of resources/investment continues to be the biggest perceived problem facing the NHS. Almost four in ten (39%) people mention this, the same proportion as seen in spring and winter 2013. This has consistently been cited as the biggest problem facing the NHS since spring 2007.²⁴

Figure 31: Perceptions of the biggest problems facing the NHS

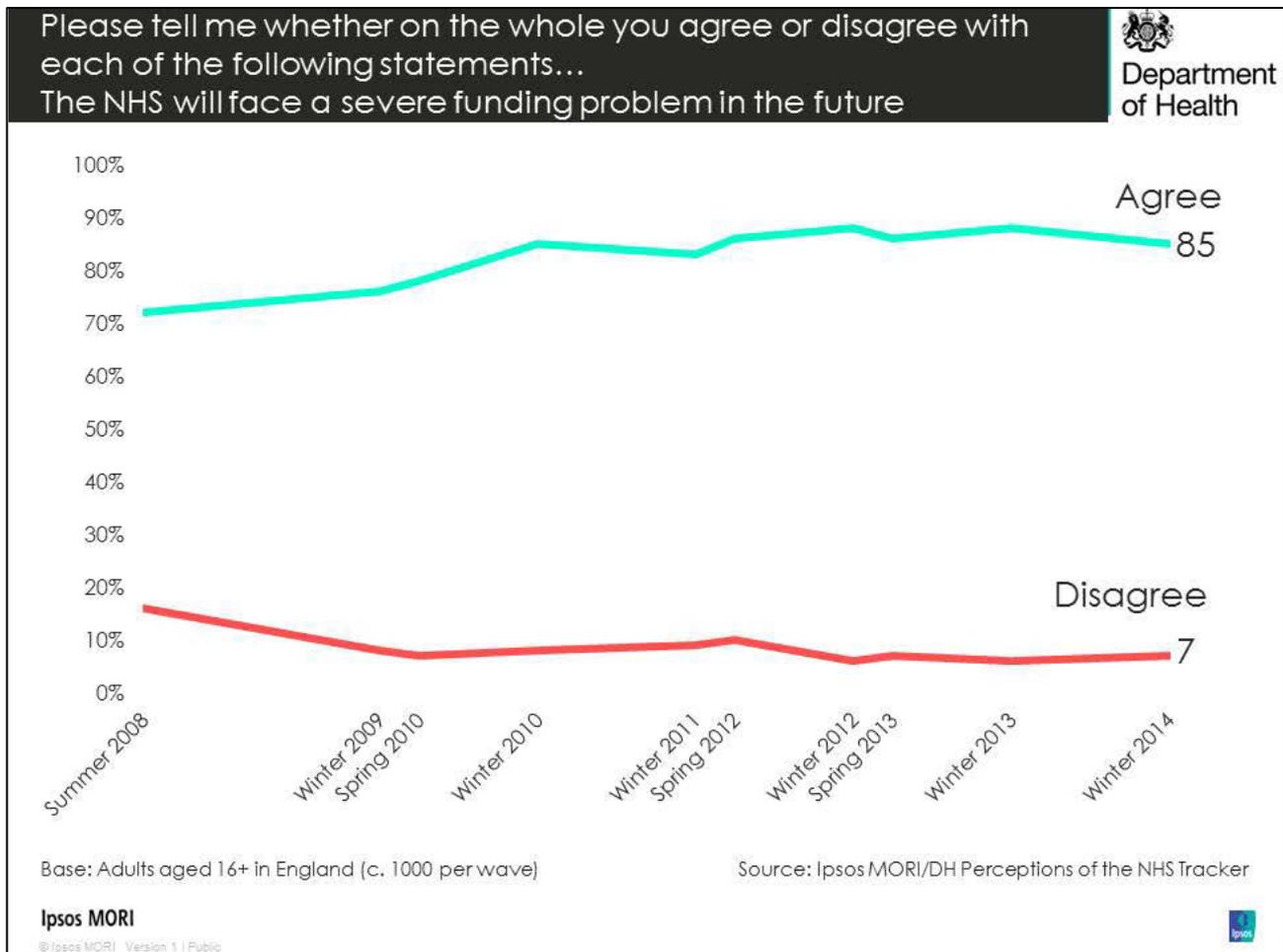


Younger people are slightly less concerned about a lack of resources, with 28% of those aged 16 to 24 mentioning this as the biggest problem facing the NHS compared with 39% overall.

²⁴ This question was unprompted, meaning respondents were not presented with a list of potential answer codes when answering this question.

The majority of the public agree the NHS will face a severe funding problem in future. However, the proportion agreeing has reduced since last year; 85% agree now and 88% did in winter 2013, while 7% disagree it will face such a problem.

Figure 32: Agreement with the statement: 'The NHS will face a severe funding problem in the future'



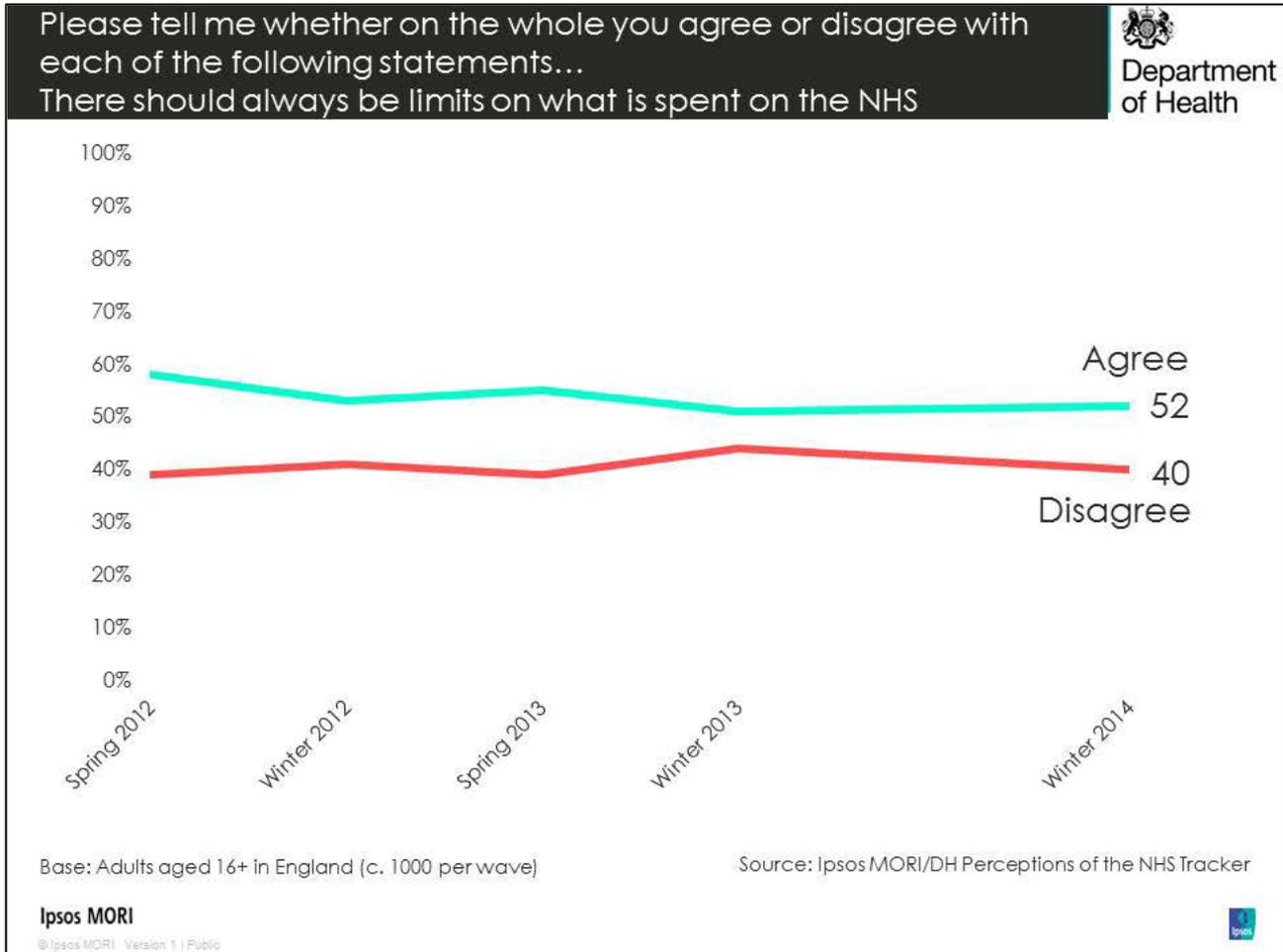
Those from higher social grades are more concerned about future funding of the service than those in lower social grades. Over nine in ten (91%) of those in social grades AB agree the NHS will face a severe funding problem, compared with fewer than eight in ten (77%) from social grades DE.

People with a long-standing illness, disability and infirmity are also more worried about this than the public overall (94% agree compared with 85% overall). Informal carers are also more concerned than those without caring responsibilities (89% agree compared with 83% of those who are not informal carers).

However, young people are less worried about future funding of the service, with 69% of those aged 16 to 24 and 77% of those aged 25 to 34 agreeing it will face a severe funding problem compared with 85% overall.

When asked about whether there should always be limits on what is spent on the NHS, public opinion is relatively divided. Just over half (52%) agree there should, while 40% disagree. This is in line with findings from the last two years, though fewer now agree there should always be limits on NHS spending than did two and a half years ago in spring 2012 (when 58% did).

Figure 33: Agreement with the statement: 'There should always be limits on what is spent on the NHS'



Despite those from higher social grades being more concerned than others about future funding of the NHS, they are also more likely to agree there should always be limits on NHS spending. For example, 58% of those in social grades AB agree with this compared with 46% of those in social grades DE.

10 Social care: perceptions of current services

This chapter discusses views of social care services at a national and local level, including perceptions of dignity and respect; and compassion. It also covers perceptions of how well services work together.

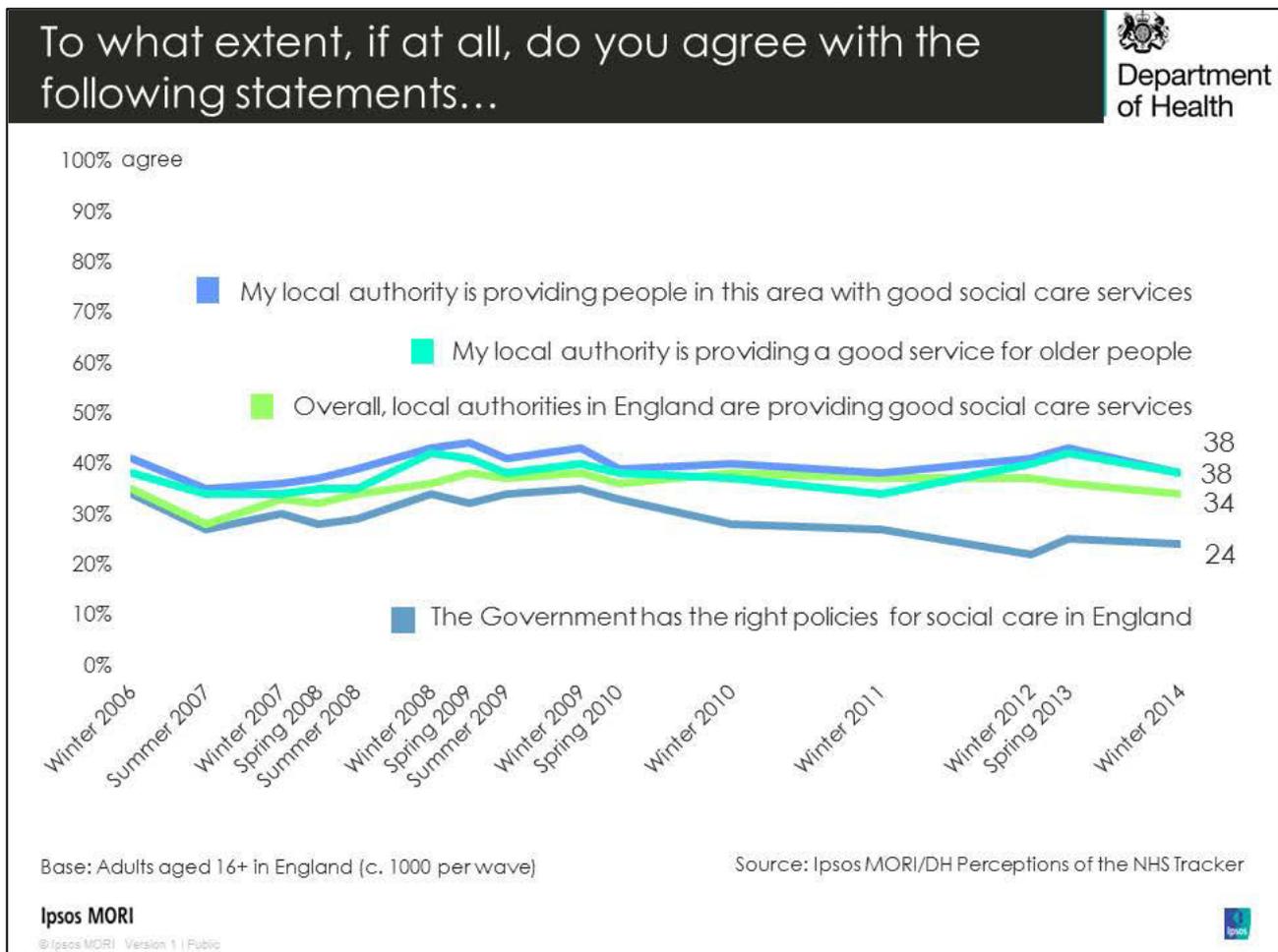
10.1 The perception gap: perceptions of social care services nationally and locally

The public tend to be more positive about local social care services than about national social care policies, reflecting a pattern that is also seen for the NHS (as described in Chapter 3). Almost four in ten people agree that their local authority is providing people in their area with good social care services (38%) and that their local authority is providing a good service for older people (38%). A similar proportion (34%) agree that local authorities in England are providing good social care services. However fewer (24%) agree the Government has the right policies for social care in England.

There has been a decline in the proportion of people who think their local authority is providing people in their area with good social care services since spring 2013 (from 43% to 38%). This echoes the decline in the proportion of people agreeing that their local NHS provides them with a good service (again, described earlier in Chapter 3).

Relatively high proportions of people say they don't know about these topics. Two in ten (20%) say they don't know if their local authority is providing a good service for older people, and a similar proportion (18%) say they don't know if their local authority is providing people in their area with good social care services. Similarly, 14% say they don't know if the Government has the right policies for social care in England and 12% don't know if local authorities in England are providing good social care services.

Figure 34: Perceptions of social care services nationally and locally



Younger people are more likely than others to agree that the Government has the right policies for social care in England (35% of those aged 16 to 24 agree compared with 24% overall). They are also more likely than some other groups to say they don't know about this though (19% of people aged 16 to 24 say this compared with 8% of those aged 55 to 64 and 9% of those aged 65 to 74). Those approaching retirement are more likely to disagree with this (55% of those aged 55 to 64 compared with 38% overall).

People who have a long-standing illness, disability or infirmity are less likely to be positive than the public overall about local provision of social care:

- While similar proportions of those with a long-standing illness, disability or infirmity agree (33%) and disagree (29%) that their local authority is providing people in their area with good social care services, more disagree than amongst the public overall (22%).
- Again, while similar proportions of those with a long-standing illness, disability or infirmity agree (29%) and disagree (27%) that their local authority is providing a good service for older people, more disagree than amongst the public overall (20%).
- Significantly more people with a long-standing illness, disability or infirmity disagree (42%) than agree (27%) that overall local authorities in England are providing good social care services. Amongst the public overall 32% disagree and 34% agree.

People who provide informal care are also more likely to disagree with all three statements about local social care services:

- While similar proportions of informal carers agree (34%) and disagree (30%) that their local authority is providing people in their area with good social care services, more disagree than amongst non-carers (20%).
- Around one quarter (26%) of informal carers disagree that their local authority is providing a good service for older people (compared with 18% who are not informal carers).
- Significantly more informal carers disagree (44%) than agree (31%) that overall local authorities in England are providing good social care services. Amongst non-carers 28% disagree and 36% agree.

However, older people are more likely to agree that their local authority is providing people in their area with good social care services (52% of those aged 75 and over say this compared with 38% overall) and that their local authority is providing a good service for older people (49% of those aged 75 and over say this compared with 38% overall).

10.2 Perceptions of dignity, respect and compassion

Just over half (52%) of the public agree that people are treated with dignity and respect when they use social care services. This has risen nine percentage points from 43% in winter 2013 and is as high as it has ever been since the question was first asked in summer 2007. Similarly, around half (51%) of the public agree that people are treated with compassion when they use social care services. This has increased six percentage points from 45% in winter 2013.

Furthermore, for both questions the proportion of the public unable to give an answer has fallen since winter 2013, indicating a strengthening of opinion or greater awareness of this issue. However, with 27% saying they don't know if people are treated with dignity and respect and 29% saying they don't know if people are treated with compassion, this still represents a relatively high degree of uncertainty.

This may be a result of the low level of exposure that the general public has to these services (only 31% of people surveyed say they have experienced at least one of a list of social care services in the last year or so either personally or through a member of their household, family member or friend). Reflecting this, around a third (32% and 34% respectively) of non-social care users feel unable to answer these questions. Moreover, most of those who experience social care services, either personally or through someone else, tend to be more positive: six in ten (61%) agree that people are treated with dignity and respect when using these services (compared with 48% who do not experience social care services). Similarly, those who experience social care services, either personally or through someone else, tend to be more positive about whether or not people are treated with compassion when using these services: almost six in ten (59%) agree that people are treated with compassion when using social care services (compared with 47% who do not experience social care services).

Figure 35: Agreement with the statement: 'People are treated with dignity and respect when they use social care services'

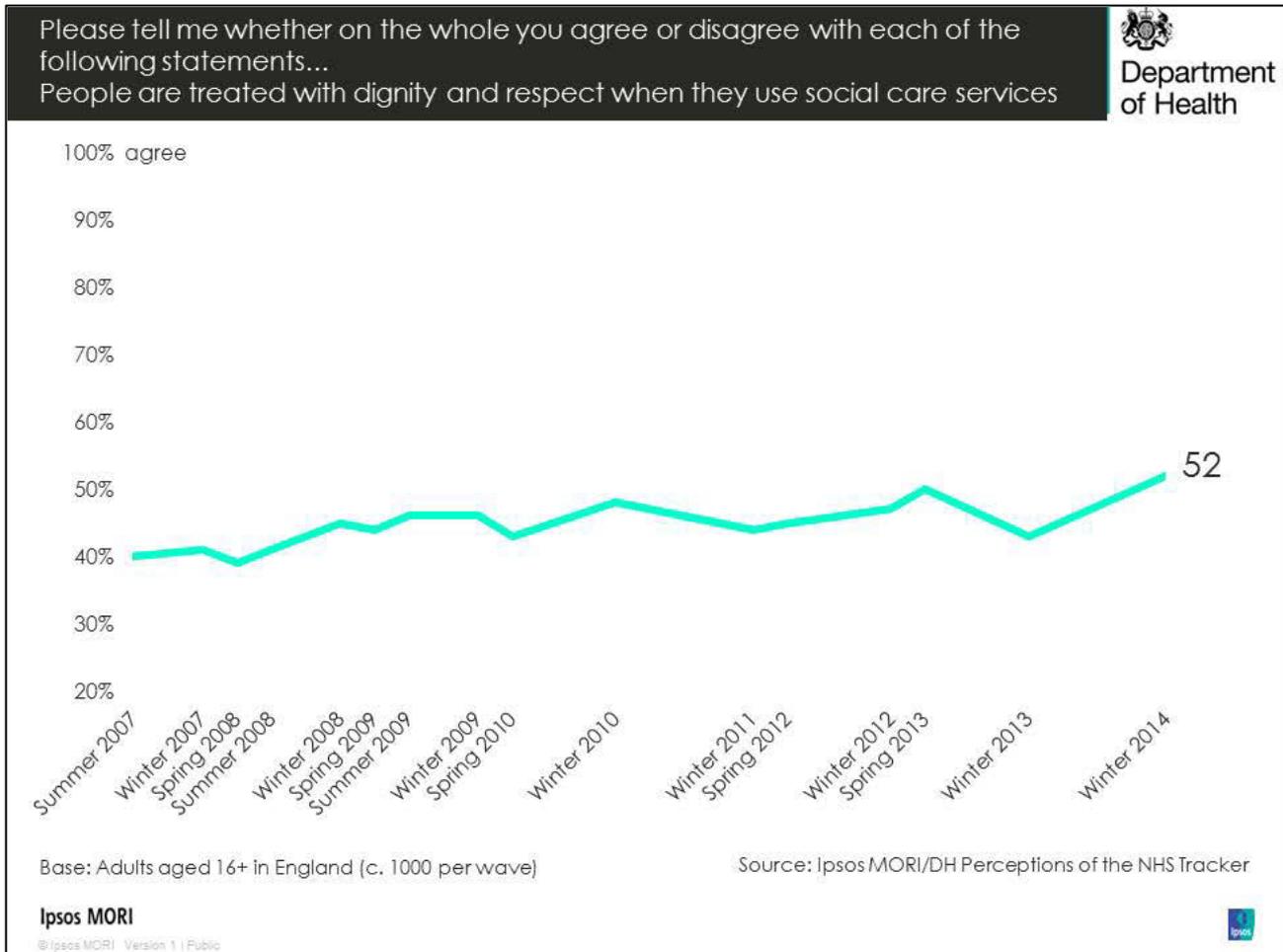
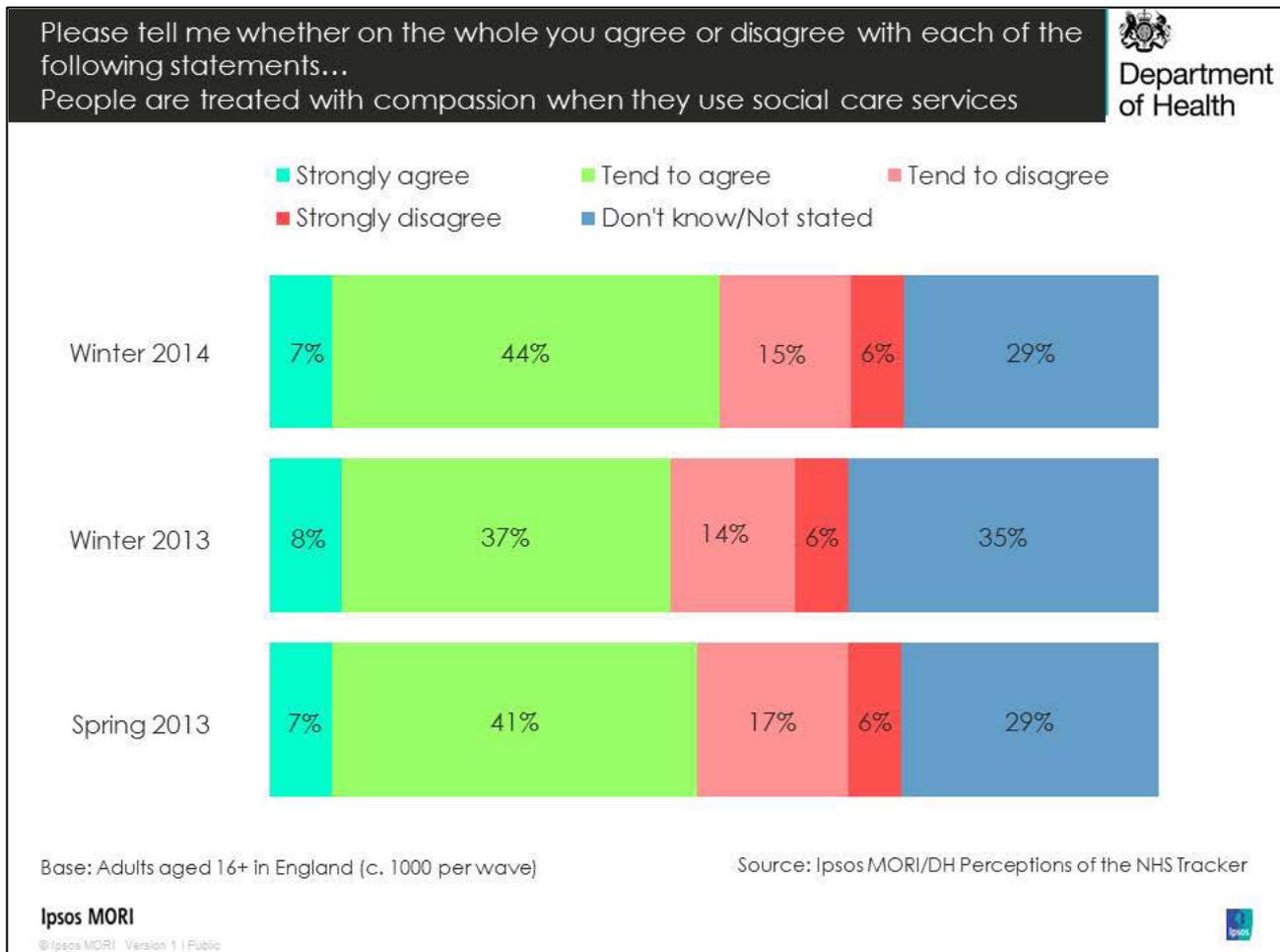


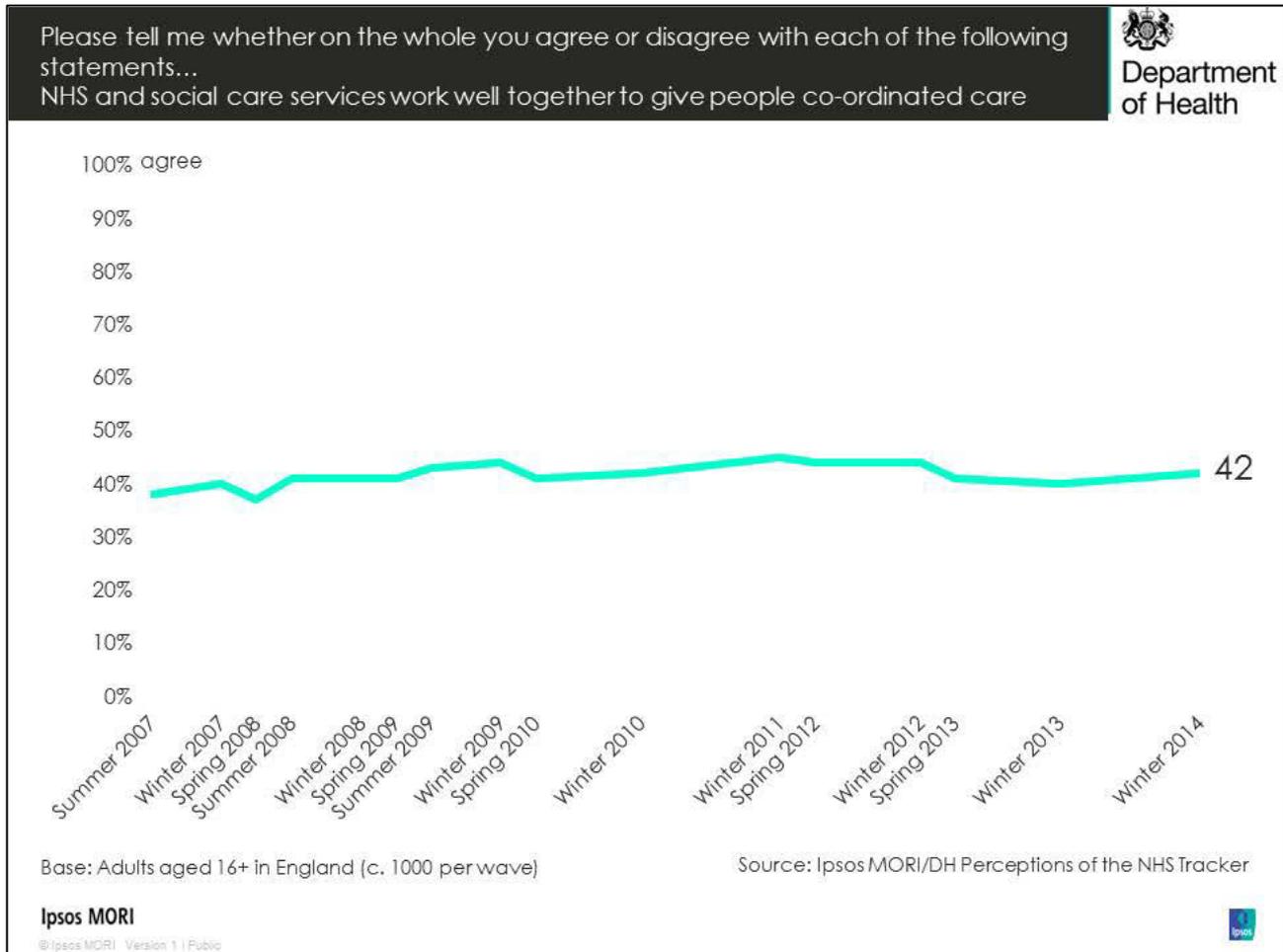
Figure 36: Agreement with the statement: 'People are treated with compassion when they use social care services'



10.3 Perceptions of co-ordinated care

Opinions are mixed on whether or not NHS and social care services work well together to give people co-ordinated care. Around four in ten (42%) agree, while around three in ten (32%) disagree. More than one-quarter (27%) say they do not know, which may reflect a lack of exposure to social care services as noted earlier. These findings are in line with those reported in previous waves of this survey.

Figure 37: Agreement with the statement: 'NHS and social care services work well together to give people coordinated care'



Those who provide informal care themselves are more likely to disagree than non-carers that NHS and social care services work well together to give people co-ordinated care (44% disagree compared with 28% who are not informal carers).

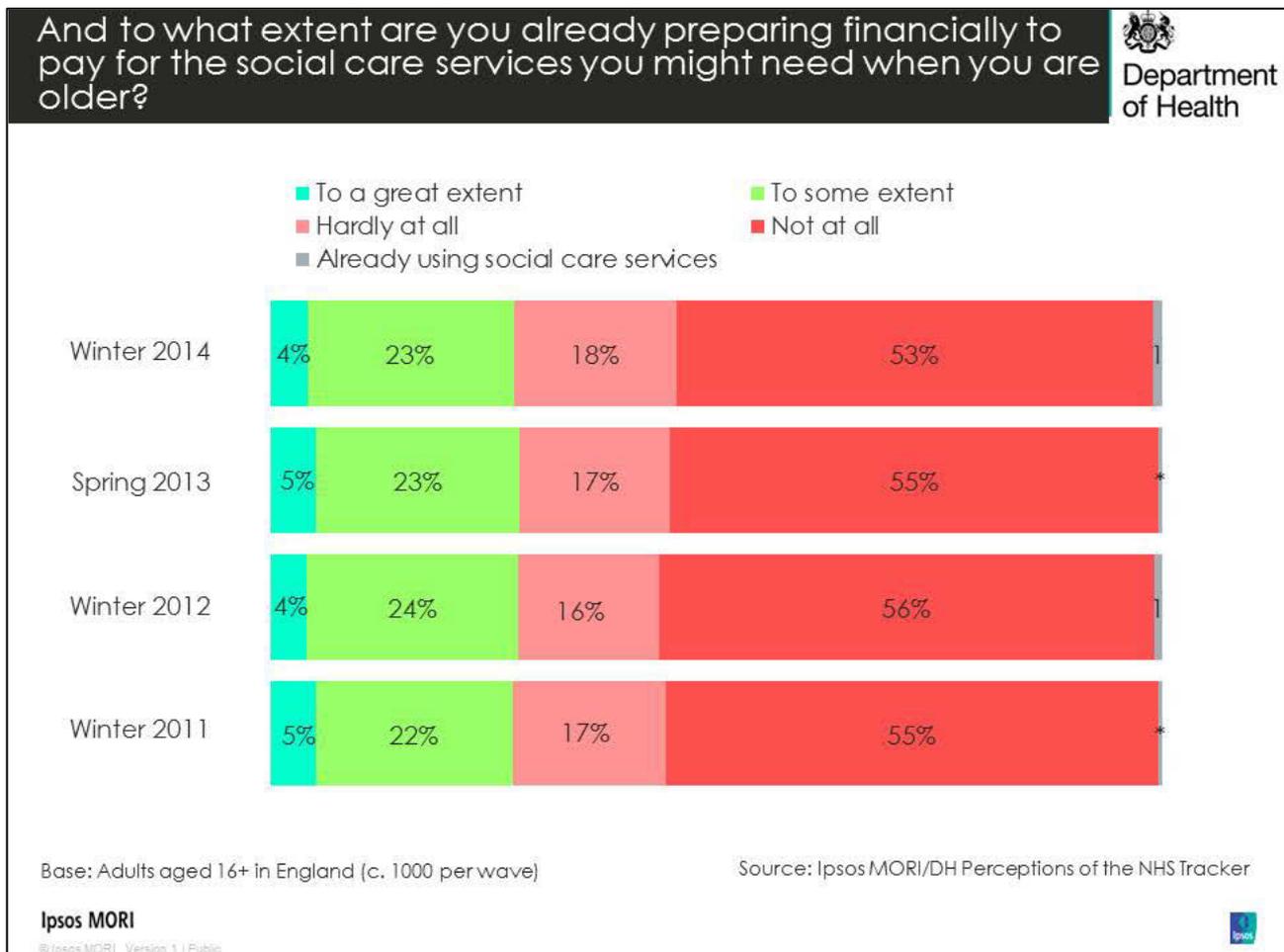
11 Social care: preparing for the future

This chapter explores the extent to which people have thought about, and started, preparing for any future social care needs.

11.1 Preparing to pay for social care

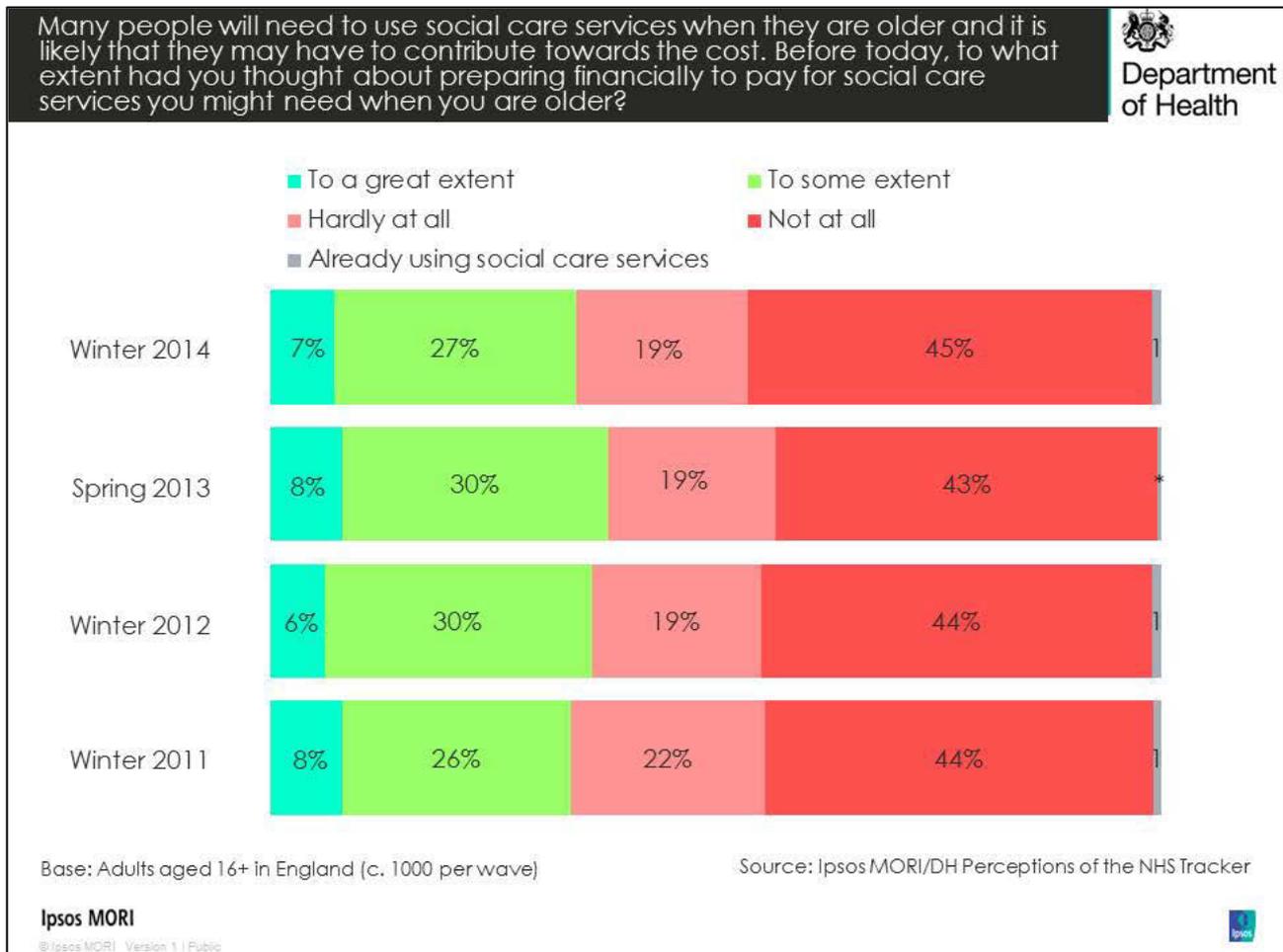
In line with findings from previous waves of this survey, the proportion of people preparing financially to pay for social care services they might need when they are older is relatively low. Just over one-quarter (27%) have started preparing, whereas around seven in ten (71%) have made hardly any preparations or have not started preparing at all.

Figure 38: Response to the question: 'And to what extent are you already preparing financially to pay for the social care services you might need when you are older?'



The proportion of the public who say they have thought about preparing financially for social care is slightly higher than the proportion who are already doing so; again this is line with previous waves. Around a third (34%) say they have thought about this. However, almost two thirds of the public have given this little or no thought (64%, and 45% say they have given it *no* thought).

Figure 39: Response to the question: 'Before today, to what extent had you thought about preparing financially to pay for the social care services you might need when older?'



People aged 55 to 74 are more likely than the public as a whole to have given some thought to preparing financially for social care they might need and to have started preparing for this. More than four in ten (44%) of those aged 55 to 64 and the same proportion (44%) of those aged 65 to 74 have given this some consideration (compared with 34% overall). Approximately four in ten (38%) of those aged 55 to 64 and just over four in ten (43%) of those aged 65 to 74 are already preparing financially (compared with 27% overall).

Younger people are much less likely to be thinking about or preparing for the cost of social care. While almost one in five (19%) of 16 to 24 year olds has given this some thought, fewer than one in ten (9%) has actually started preparing.

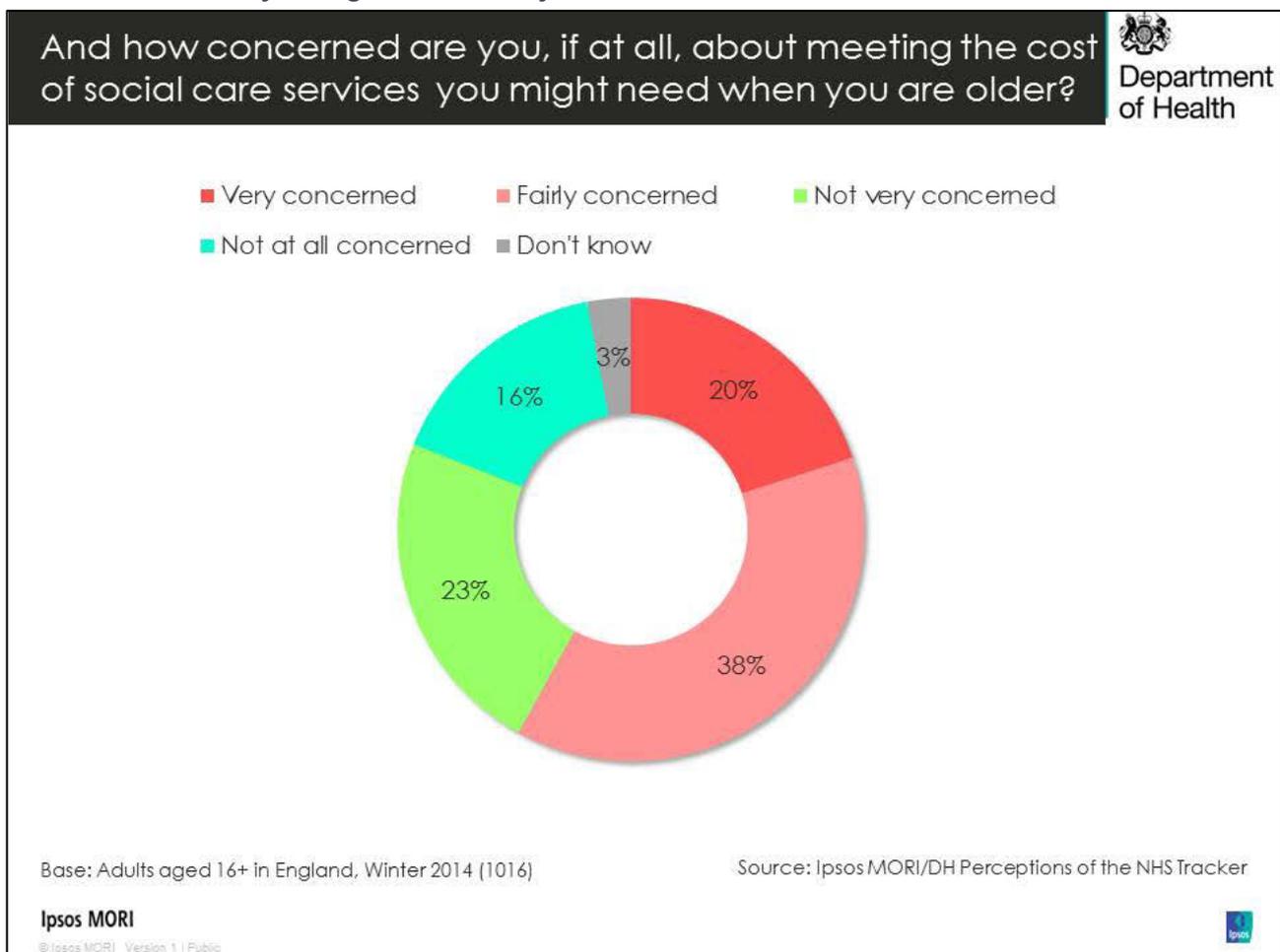
Planning for the cost of social care also varies by social grade. Those in social grades AB are the most likely to have given this some consideration and to be actually preparing. Approaching half (45%) of people in social grades AB have given this some thought (compared with 25% in social grades DE), and four in ten (49%) have started preparing (compared with 17% of those in social grades DE).

Those who agree it is their responsibility to save for social care and those who say they are concerned about the cost of social care are more likely to have given this some thought. Almost half (47%) of those who think it is their responsibility have thought about it (compared with 25% of those who do not), and just over four in ten (43%) of those who are concerned about the costs of social care have thought about it (compared with 24% who are not). They are also more likely to have started making provision for this. Around one-third (35%) of those who are concerned about meeting the costs of social care have started preparing financially (compared with 20% of those who are not concerned), and two in five (40%) of those who agree it is their responsibility to save for this have started preparing (compared with 17% of those who do not agree it is their responsibility).

11.2 Concern about meeting the costs²⁵

Close to six in ten (58%) are concerned about meeting the cost of social care services they might need when they are older. Almost four in ten (39%) say they do not feel concerned about this.

Figure 40: Response to the question: 'And how concerned are you, if at all, about meeting the cost of social care services you might need when you are older?'



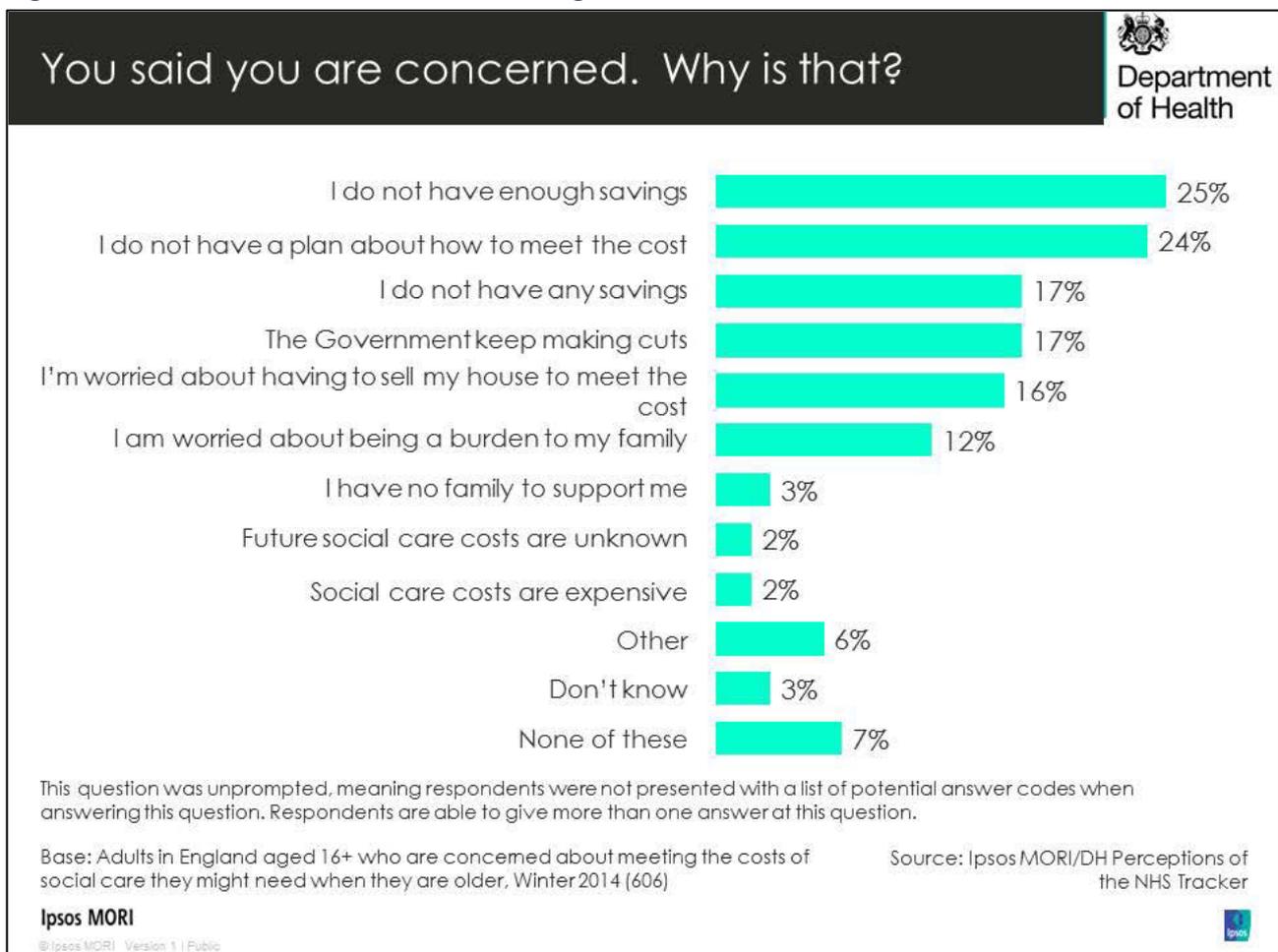
Women are more likely than men to be concerned about meeting this cost (63% compared with 55% of men). Younger people are the least likely to be concerned. More than half (55%) of 16 to 24 year olds are not concerned about this, including almost a third (32%) who say they are not at all concerned. Conversely, approaching three quarters (71%) of those aged 55 to 64 feel concerned.

²⁵ The questions reported on in section '11.2 Concern about meeting the costs' were asked for the first time in the winter 2014 wave of the survey.

Additionally, people who currently experience social care services (either personally, or through a member of their household, family member or friend) are more likely to feel concerned about meeting the cost of the social care services they might need in future (68% are worried compared with 55% of those who are not currently experiencing social care services). Similarly, those with a long-standing illness, disability or infirmity are more likely to feel concerned (68% of those with a long-standing illness, disability or infirmity say this compared with 58% overall). Those who provide informal care to others are also more likely to be concerned (67% say they are compared with 56% of those who are not informal carers).

Looking just at those who feel concerned about meeting the cost of social care, one-quarter (25%) are worried that they do not have sufficient savings. In fact, 17% say they do not have any savings, and this rises to almost a third (32%) for those in social grades DE. Approximately a further quarter (24%) say they do not have a plan about how to meet the cost of social care.²⁶

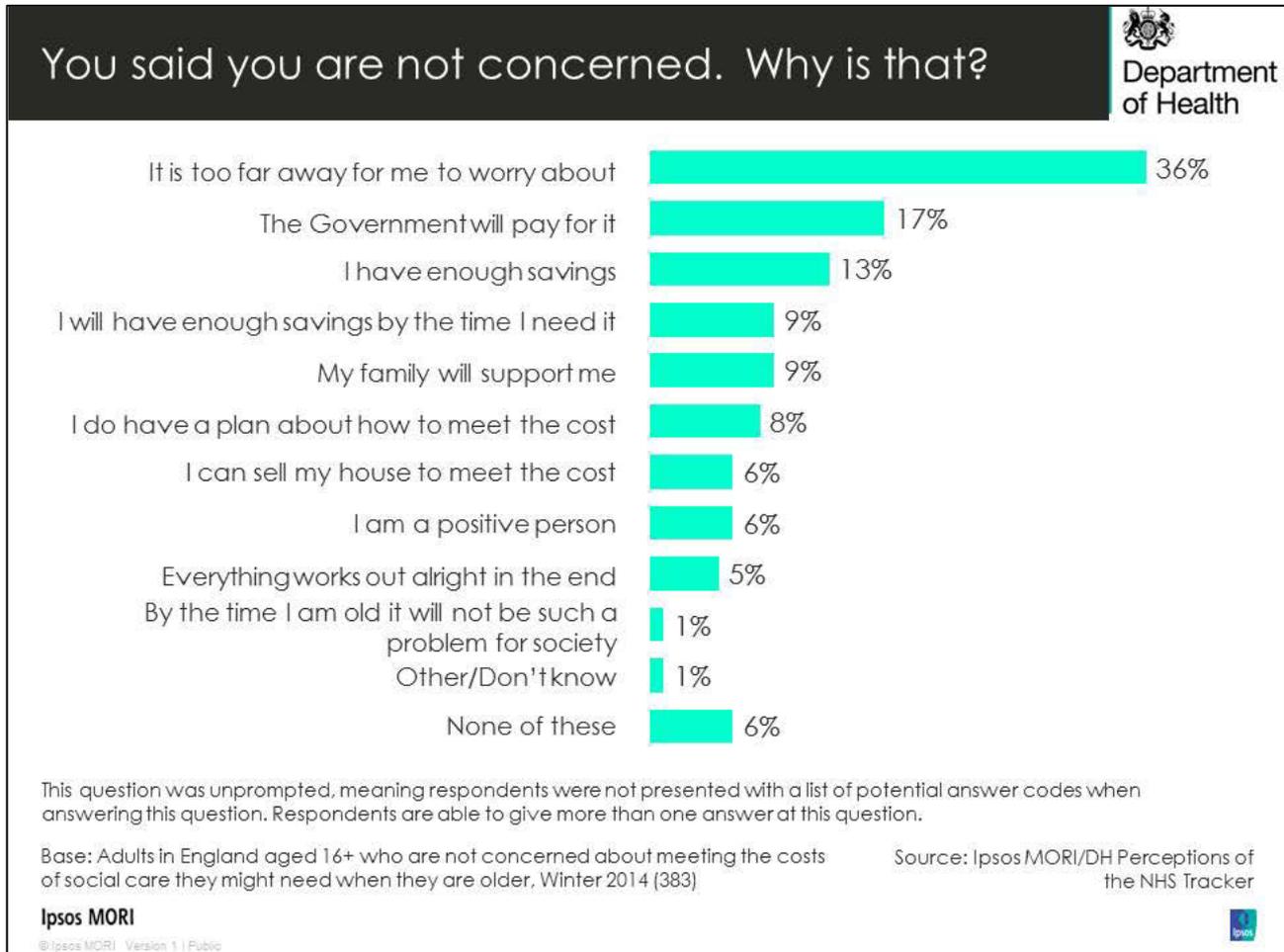
Figure 41: Reasons for concern about meeting the costs of social care



²⁶ This question was unprompted, meaning respondents were not presented with a list of potential answer codes when answering this question.

Of those who say they do not feel concerned about meeting the cost, more than a third (36%) feel this is too far in the future to worry about, and a further 17% believe the Government will pay for it. Around one in eight (13%) says they have enough savings, while almost one in ten (9%) thinks they will have sufficient savings by the time they need it.²⁷

Figure 42: Reasons for a lack of concern about meeting the costs of social care

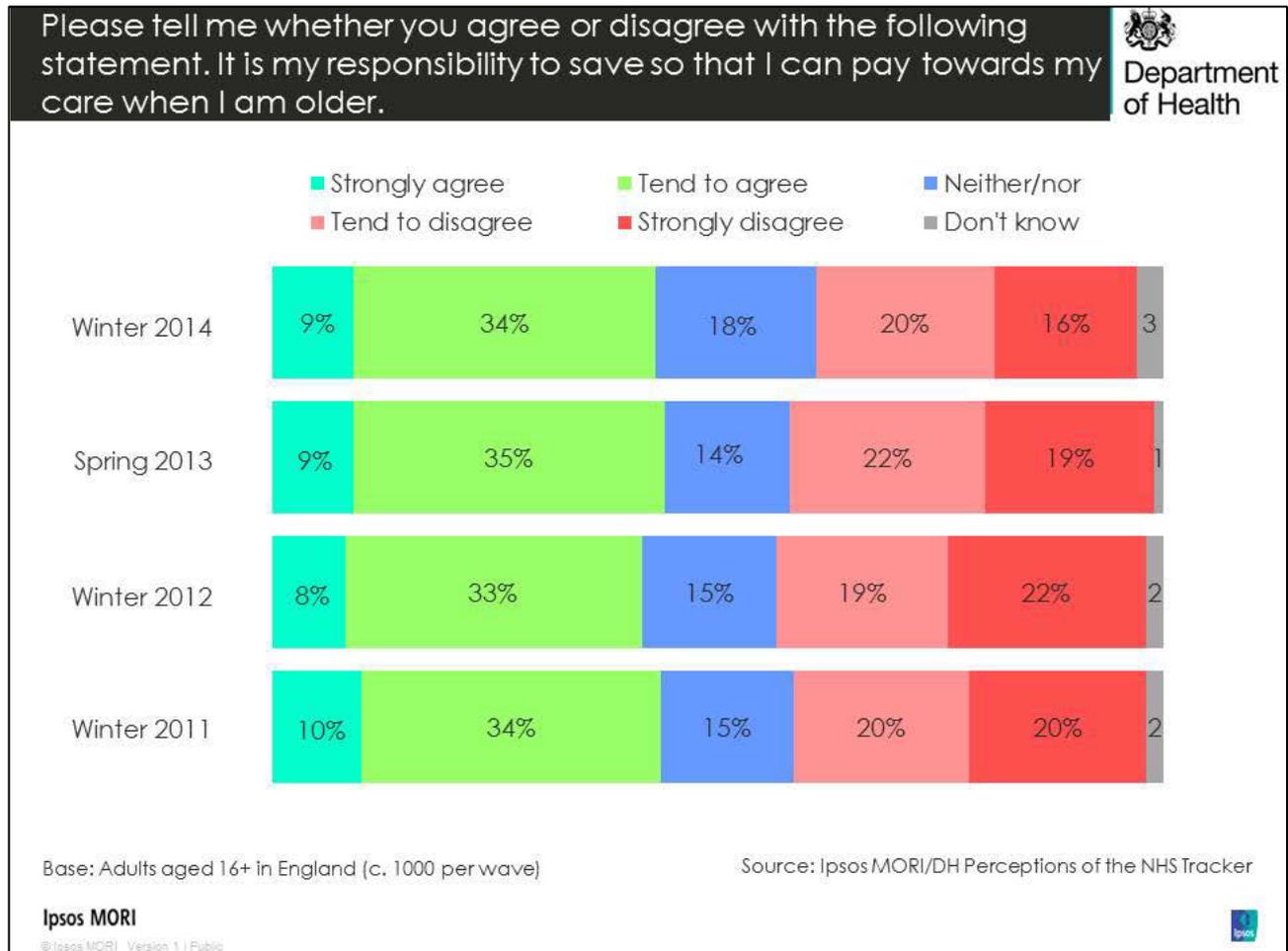


²⁷ This question was unprompted, meaning respondents were not presented with a list of potential answer codes when answering this question.

11.3 Responsibility for saving

Just over four in ten (43%) people agree that it is their responsibility to save so that they can pay towards their care when they are older. This is in line with findings from previous waves of this survey. However, the proportion of people who disagree with this statement has fallen from around four in ten (41%) in spring 2013 to just over a third (36%) now. A greater proportion is now unable to give an opinion either way (21% compared with 15% in spring 2013).

Figure 43: Agreement with the statement: 'It is my responsibility to save so that I can pay towards my care when I am older'



Attitudes to responsibility for saving for social care differ by gender, age and social grade. Women are more likely than men to agree that it is their responsibility to save in order to contribute to the cost of care (47% compared with 39%).

Although younger people are less likely than older groups to be concerned about meeting the cost of care they might need, they are more likely to agree it is their responsibility to do so. Approaching half (45%) of 16 to 24 year olds agree that they have a responsibility to contribute to the cost of care compared with less than a third (31%) of 65 to 74 year olds.

Those in social grades AB are more likely to agree it is their responsibility compared with those in social grades DE (49% compared with 36%).

12 Appendices: Technical details

12.1 Methodology

Ipsos MORI carried out 1,016 interviews among a representative sample of adults aged 16 and over living in 134 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 AB), 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 based on the 2011 Census profile.

All interviews were conducted face-to face and in-home, between 3 November and 17 December 2014.

Interviews were conducted using CAPI (computer-assisted personal interviewing), as were interviews in the winter 2013, spring 2013, winter 2012, spring 2012, winter 2011 and winter 2010 waves of this research. Interviews carried out in waves prior to winter 2010 were conducted using interviewer administered pen-and-paper interviewing.

12.2 Referenced reports

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.
- **Spring 2007:** results are based on 1,013 interviews in 87 output areas between 3 March and 2 April 2007.
- **Summer 2007:** results are based on 1,026 interviews in 113 output areas between 22 June and 20 July 2007.
- **Winter 2007:** results are based on 1,011 interviews in 88 output areas between 12 November and 15 December 2007.
- **Spring 2008:** results are based on 1,036 interviews in 88 output areas between 10 March and 6 April 2008.

- **Summer 2008:** results are based on 1,003 interviews in 88 output areas between 27 May and 23 June 2008.
- **Winter 2008:** results are based on 1,003 interviews in 104 output areas between 17 November and 15 December 2008.
- **Spring 2009:** results are based on 1,015 interviews in 104 output areas between 9 March and 5 April 2009.
- **Summer 2009:** results are based on 1,039 interviews in 104 output areas between 25 May and 26 June 2009.
- **Winter 2009:** results are based on 1,008 interviews in 104 output areas between 12 November and 10 December 2009.
- **Spring 2010:** results are based on 1,006 interviews in 104 output areas between 22 February and 22 March 2010.
- **Winter 2010:** results are based on 1,011 interviews in 104 output areas between 22 November and 23 December 2010.
- **Winter 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.
- **Winter 2012:** results based on 1,004 interviews in 104 output areas between 5 November and 16 December 2012.
- **Spring 2013:** results based on 1,005 interviews in 134 output areas between 20 May and 26 June 2013.
- **Winter 2013:** results based on 1,016 interviews in 84 output areas between 18 November and 16 December 2013.

12.3 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.

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

Where percentages do not sum to 100, this 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 1% but greater than 0%.

The percentages included in this report are sometimes 1 or 2 percentage points different to those in the data tables. This is because, aggregate figures (e.g. the proportion who say they are “satisfied”) in the report are summed percentages of those who say they are “very satisfied” and those who say they are “fairly satisfied”, rather than the percentage for “satisfied” taken directly from the tables. This is how the data has been historically presented in the reports and charts for this project due to client preference.

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.

12.4 Guide to statistical reliability

12.4.1 How accurately does the survey reflect the views of the English population?

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 almost as accurate.²⁸

Approximate sampling tolerances applicable to percentages at or near these levels			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
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
1,016 interviews	2	3	3

²⁸ Orton, S. (1994), Evidence of the Efficiency of Quota Samples. Survey Methods Newsletter, vol. 15, no. 1; Stephenson, C. B. (1979), Probability Sampling with Quotas: Wan Experiment. POQ, vol. 43, no. 4.

12.4.2 Comparing the views of different groups within the sample surveyed

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. To test if a difference in results between two sub-groups within a sample is statistically significant, 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 almost as accurate.²⁹

Differences required for significance at or near these percentages			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
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

²⁹ Ibid.

Only sub-groups comprising 100 or more respondents are commented on in this report. It should be noted, however, that the smaller the size of the sub-group, the less we can rely on the survey estimates to be true representatives of the population as a whole. Findings for groups with as few as 100 respondents can be subject to confidence intervals of +/-10%.

In addition to being statistically significant, only sub-group differences which are interesting and relevant to the question being analysed are commented on in the report.

A number of different sub-groups have been reviewed during the data analysis stage and the ones referenced in the report are as follows (listed in alphabetical order):

Umbrella sub-group	Sub-group	Unweighted base size (winter 2014 wave)
Age	16 to 24 year olds	133
	25 to 34 year olds	148
	35 to 54 year olds	343
	55 to 64 year olds	152
	65 to 74 year olds	136
	People aged 75 years old and over	104
	People aged 65 years old and over	240
Experience of social care services	People who have had experience of at least one of a list of social care services in the last year or so, either personally or through members of their household, family or friends	318
	People who have not had experience of at least one of a list of social care services in the last year or so, either personally or through members of their household, family or friends	698
Gender	Men	489
	Women	527
Household type	Pensioners	263
	Adults with dependent children	305
Informal carer status	Informal carers, defined as people who 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	252
	People who are not informal carers, defined as defined as people who do not 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	762

	old age	
Levels of concern about meeting the cost of potential social care services	People who are concerned about meeting the cost of social care services they might need when they are older	606
	People who are not concerned about meeting the cost of social care services they might need when they are older	383
Levels of satisfaction with the NHS	People who are satisfied with the running of the National Health Service nowadays	687
	People who are dissatisfied with the running of the National Health Service nowadays	165
Long-standing illness, disability or infirmity status	People with a long-standing illness, disability or infirmity	219
Recent A&E users	People who have been to hospital in the last year and whose last visit was to A&E	254
Recent inpatients	People who have been to hospital in the last year and whose last visit was as an inpatient	178
Recent hospital users	People who have been NHS inpatients, NHS outpatients, users of accident and emergency departments or minor injuries units in the last year	577
Recent outpatients	People who have been to hospital in the last year and whose last visit was as an outpatient	425
Social grade	AB	283
	C1	320
	C2	175
	DE	238
Views about personal responsibility to pay towards social care	People who agree it is their responsibility to save so that they can pay towards their care when they are older	433
	People who disagree it is their responsibility to save so that they can pay towards their care when they are older	370

12.4.3 Comparing results from different waves of the survey

When looking at results to the same question from different waves of the survey, again, a difference has to be of a certain size in order to be statistically significant. To test if a difference in results between two waves of the survey is statistically significant, 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 almost as accurate.³⁰

Differences required for significance at or near these percentages			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
1016 and 1016 (winter 2013 and winter 2014 surveys)	3	4	4

³⁰ Ibid.

12.5 Guide to social classification

In this report, references are made to social grade. 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

Interviewers use the following questions to help assign a respondent a social grade classification:

- Who is the chief income earner in the household? (This is the person in the household with the largest income, whether from employment, pensions, state benefits, investments or any other source.)
- What is the occupation of the chief income earner?
- What is chief income earner's job title is and what do they actually do?
- What type of company does the chief income earner work for?
- How many people work for the company?
- How many people is the chief income earner responsible for?
- Does the chief income earner have any job related qualifications?

In some cases, interviewers also ask these additional questions:

- Is the chief income earner self-employed?
 - How many hours a week does the chief income earner work?
 - Is the chief income earner's job is manual or non-manual?
-

12.6 Questionnaire

Public Perceptions of the NHS and Social Care Tracker Survey

Questionnaire
Winter 2014 Wave

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. All individual responses will remain anonymous. All interviews will be carried out in accordance with the Market Research Society Code of Conduct.

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.

Overall satisfaction with, and use of, the NHS

- 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	
	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	GO TO FILTER AT Q5
B	Attended an NHS hospital as an outpatient	
C	Visited an accident and emergency (A&E) department	
D	Visited a minor injuries unit	
E	Used NHS Direct or NHS 111	GO TO Q6
F	Visited a Pharmacist/Chemist for medical advice	
G	Used the NHS Choices website	
H	Used a walk-in clinic	
I	Visited an NHS GP	
J	Used social care services	
	None of these	
	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.

SHOWCARD D (R)

Q5 **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	

Communication channels and technology

- 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 or NHS 111)	
Email	
A voice or video call on the internet using a microphone or webcam (e.g. using Skype)	
Other	
None	
Don't know	

Q9 SHOWCARD G (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	

Q10 SHOWCARD H (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	

Challenges facing the NHS

- Q11 **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

Q12 **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	

- Q13 **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	

- Q14 SHOWCARD I (R)
How well do you feel that these groups are currently cared for by the NHS in your local area?
 READ OUT. ROTATE STATEMENTS. SINGLE CODE ONLY.

	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					
e People with mental health conditions					

Q15 SHOWCARD J (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. ROTATE STATEMENTS. SINGLE CODE ONLY.

	Get much better	Get better	Stay about the same	Get worse	Get much worse	Don't know
a	People over 65					
b	People with dementia					
c	People with long term illnesses or conditions					
d	Children					
e	People with mental health conditions					

Patient involvement in treatment and care

Q16 SHOWCARD K (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.

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

SINGLE CODE ONLY.

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

Changes to the NHS

Q17 SHOWCARD L (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	

- Q18 SHOWCARD M (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	

Complaints

- Q19 SHOWCARD N (R)
If you had a poor experience at one of the following NHS services, how comfortable, if at all, would you feel about making a complaint to them?
 READ OUT. ROTATE STATEMENTS. SINGLE CODE ONLY.

		Very comfortable	Fairly comfortable	Not very comfortable	Not at all comfortable	Don't know
a	GP practice					
b	Hospital					

ASK ALL WHO SAY NOT VERY COMFORTABLE OR NOT AT ALL COMFORTABLE AT Q19

- Q20 **You said you would not feel comfortable making a complaint. Why is that?**
 DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. MULTICODE OK.

I would worry about the impact on my care	
I would worry about being seen as a trouble maker	
It would cause me stress/upset	
I would be too embarrassed	
I don't like confrontation/to make a fuss	
I would not feel comfortable making a complaint about anything	
I would worry about the impact on the career of those who treated me	
Those who treated me were probably doing the best they can	
Other (PLEASE WRITE IN AND CODE '6')	
Don't know	
None of these	

Social care

ASK ALL

Q21 SHOWCARD O (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.

		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						

SHOWCARD P (R)

Q22

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.

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.
MULTICODE OK.

	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	

- Q23 SHOWCARD Q (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	

- Q24 SHOWCARD Q 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	

- Q25 SHOWCARD R (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	

- Q26 SHOWCARD S (R)
And how concerned are you, if at all, about meeting the cost of social care services you might need when you are older?
 SINGLE CODE ONLY.

Very concerned	
Fairly concerned	
Not very concerned	
Not at all concerned	
Don't know	

ASK ALL WHO SAY VERY CONCERNED OR FAIRLY CONCERNED AT Q26

- Q27 **You said you are concerned. Why is that?**
DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. MULTICODE OK.

I do not have a plan about how to meet the cost	
I do not have any savings	
I do not have enough savings	
I'm worried about having to sell my house to meet the cost	
I am worried about being a burden to my family	
I have no family to support me	
The government keep making cuts	
Other (PLEASE WRITE IN AND CODE '6')	
Don't know	
None of these	

ASK ALL WHO SAY NOT VERY CONCERNED OR NOT AT ALL CONCERNED AT Q26

- Q28 **You said you are not concerned. Why is that?**
DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. MULTICODE OK.

I do have a plan about how to meet the cost	
I have enough savings	
I will have enough savings by the time I need it	
I can sell my house to meet the cost	
My family will support me	
The government will pay for it	
It is too far away for me to worry about	
By the time I am old it will not be such a problem for society	
Everything works out alright in the end	
I am a positive person	
Other (PLEASE WRITE IN AND CODE '6')	
Don't know	
None of these	

Key statements

ASK ALL

Q29 SHOWCARD T (R)

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

READ OUT Q29 TO Q46. ROTATE ORDER. SINGLE CODE ONLY FOR EACH.

		Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know
Q29	Britain's National Health Service is one of the best in the world					
Q30	The NHS provides good value for money to taxpayers					
Q31	If I was very ill I would feel safe in an NHS hospital					
Q32	People are treated with dignity and respect when they use NHS services					
Q33	People are treated with dignity and respect when they use social care services					
Q34	The NHS puts quality at the heart of all it does					
Q35	People have increasing choice about their treatment and care					
Q36	NHS hospitals are getting infections like MRSA under control					
Q37	NHS waiting times for non-emergency treatment and care are getting shorter					
Q38	NHS and social care services work well together to give people co-ordinated care					
Q39	The NHS will face a severe funding problem in the future					
Q40	The NHS is changing so it can provide the service we need for years to come					
Q41	The NHS is doing everything it can to reduce waste and inefficiency					
Q42	The Government is doing more these days to help people live healthier lives					
Q43	There should always be limits on what is spent on the NHS					
Q44	People are treated with compassion when they use NHS services					
Q45	People are treated with compassion when they use social care services					
Q46	It is easy for people to feed back on the service they receive from the NHS					

Antibiotic resistance

- Q47 SHOWCARD U (R)
How acceptable or unacceptable would it be for your doctor not to prescribe antibiotics if you had a viral cough or cold?

SINGLE CODE ONLY.

Very acceptable	
Fairly acceptable	
Neither acceptable nor unacceptable	
Fairly unacceptable	
Very unacceptable	
Don't know	

- Q48 SHOWCARD V (R)
Antibiotics are becoming less effective at treating infections. How important, if at all, do you think each of the following are in tackling this issue?

READ OUT. ROTATE STATEMENTS. SINGLE CODE ONLY.

	Very important	Fairly important	Not very important	Not important at all	Don't know
a Individuals using antibiotics appropriately					
b Doctors prescribing antibiotics appropriately					
c Drugs companies developing new effective antibiotics					

- Q49 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	

Demographics

Gender
SINGLE CODE ONLY.

Male	
Female	

WRITE IN & CODE EXACT AGE.

Exact age

--	--

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

Occupation of chief income earner

SINGLE CODE ONLY.

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.

Social grade

A	
B	
C1	
C2	
D	
E	

Respondent is:

Chief Income Earner	
Not Chief Income Earner	

Household is:

Pensioner only (i.e. no children or other adults)	
Non-pensioners (i.e. 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')	
Don't know	

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	GO TO 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+	

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

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	GO TO QF
Yes, other household member	GO TO QG
No	

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

- QF SHOWCARD W (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 X (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 Y (R)
Which group on this card do you consider you belong to? Please just read out the letter.
 SINGLE CODE ONLY.

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

- QJ **Do you personally, members of your family, or any of your friends work for the NHS in any capacity? IF YES: Is that you personally, a member of your family or a friend?**
 MULTICODE OK.

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

QK 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? IF YES: Is that you personally, a member of your family or a friend?

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. IF YES: Is that for a member of your family, a friend, a neighbour or for someone else?

MULTICODE OK.

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

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About Ipsos MORI's Social Research Institute

The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methodological and communications expertise, helps ensure that our research makes a difference for decision makers and communities.