

NHS

Trends in dissatisfaction and attitudes to funding

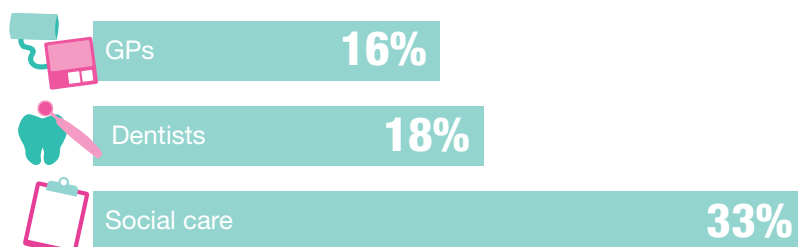
This chapter explores levels of dissatisfaction with the NHS and how these have changed over time and in relation to trends in NHS funding. It examines new data identifying the reasons for NHS dissatisfaction and satisfaction. Given that the link between levels of dissatisfaction and NHS funding levels appears to be weaker than in the past, it considers how far attitudes to NHS funding may be driving dissatisfaction and if those who are dissatisfied are more supportive of particular solutions to the perceived funding problem.

Low levels of dissatisfaction

Levels of dissatisfaction with the NHS are comparatively low and remain relatively stable, despite reductions in funding since 2010.



23% are dissatisfied with the NHS. This proportion declined from 50% in 1997 and levelled off between 2010 and 2015.



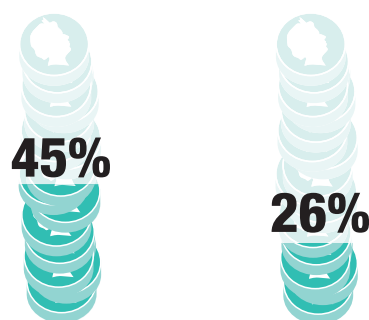
16% are dissatisfied with GPs, 18% with dentists and 33% with social care.

Dissatisfaction with NHS linked to views on NHS funding

Many of the reasons people are dissatisfied with the NHS relate to the resources it has available and those who are dissatisfied are more likely to think the NHS is facing a “severe” funding problem – yet they are no more likely to favour policy options directed at addressing this problem.



84% of those who are dissatisfied select a reason for this which relates to resources.



Dissatisfied

Satisfied

45% of those who are dissatisfied think the NHS has a “severe” funding problem compared with just 26% of those who are satisfied.

Similar proportions of those who are dissatisfied and satisfied would be willing to pay more directly for the NHS through a separate tax; however 11% of those who are dissatisfied are prepared to pay more through the current taxes they pay, compared with 19% of those who are satisfied.

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Introduction

For businesses competing in private markets, sales and profits are the bottom line. But understanding why revenues and sales change, or how profits could be improved, requires information on what customers (and potential customers) think about the quality and price of the services and products on offer. For public services, lacking (for good reasons) the basic price and profit signals of private markets, it is arguable that knowledge of what their customers think about their services is even more vital.

However, it is probably fair to say that, traditionally, the National Health Service (NHS) has not been very good at listening to the views of its patients or the public at large. But over the last decade or so it has started to invest in surveys of patients' and the public's experiences of the services they fund and use. Large-scale surveys of inpatients, users of accident and emergency services and those on GP lists for example, provide useful data to help the NHS improve its services (Care Quality Commission, 2015a; Care Quality Commission, 2015b; Ipsos MORI, 2016). The British Social Attitudes (BSA) survey provides another angle on the public's view of the NHS – and, in particular, its satisfaction with the NHS and how this is changing over time. However, just as with any private sector business, it is arguable that the data collected as part of this survey are most useful in terms of providing an indication of which sections of the population are most and least satisfied, likely causes of dissatisfaction and how this links with, and may be informed by, more general attitudes to the NHS.

Levels of dissatisfaction more than halved over the 1990s and 2000s, during a period in which spending on the NHS rose

While a number of BSA reports have explored satisfaction with the NHS,¹ in this chapter we focus for the first time on the sizable minority of the public, almost one-quarter (23%) in 2015, who say that they are dissatisfied. Levels of dissatisfaction more than halved over the 1990s and 2000s, during a period in which spending on the NHS rose. However, in the last five years, the downward trend has faltered but not reversed, despite one of the longest periods in NHS history of reduced spending (Nuffield Trust et al., 2015).

In this chapter, we try to understand why a sizable minority of the public is dissatisfied with the NHS and why we have witnessed the trends in dissatisfaction described above over the last two decades. To these ends, we examine how the size of the group who are dissatisfied has changed over time and if and how patterns in dissatisfaction with the NHS are reflected in relation to its component services. We consider what might be driving dissatisfaction. We explore whether there are particular sections of the public that are more likely to be dissatisfied (and whether this has changed over time) and examine new data identifying reasons for dissatisfaction (and satisfaction). Given the historic tendency for levels of dissatisfaction with the NHS rise as its funding declines, which is less evident now, in the second part of the chapter we examine the

¹ For example Appleby and Robertson, 2010; Appleby et al., 2015

relationship between views on NHS funding and dissatisfaction with the NHS. In particular, we consider whether negative views of NHS funding are associated with (and may be driving) dissatisfaction and whether those who are dissatisfied are more supportive of particular solutions to addressing the perceived funding problem.

Dissatisfaction with the NHS

For more than 30 years, we have measured levels of public satisfaction with the NHS by analysing responses to the following question:

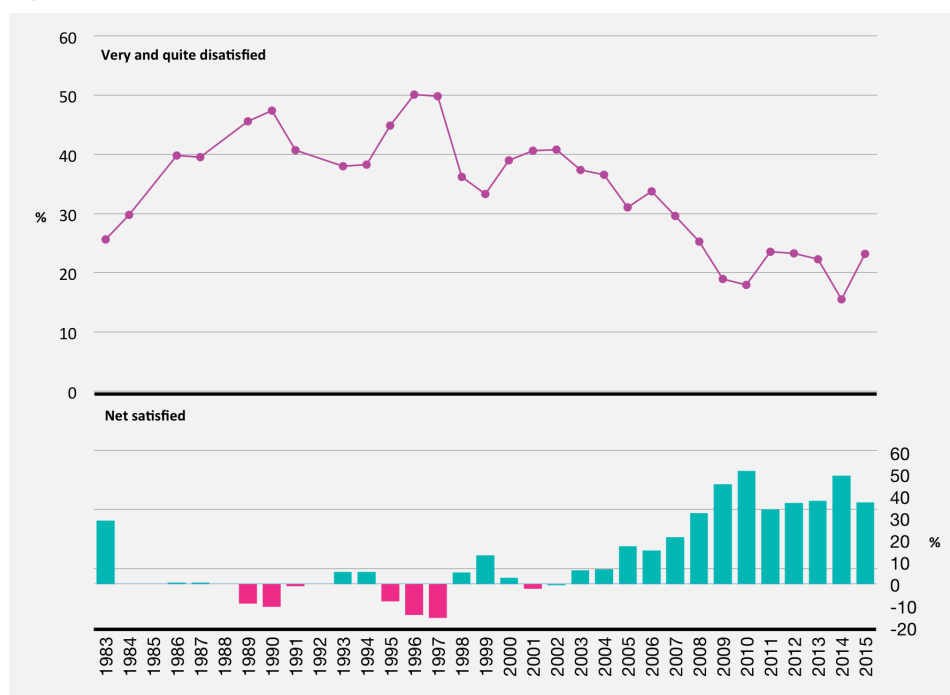
All in all, how satisfied or dissatisfied would you say you are with the way in which the National Health Service runs nowadays?

Although politicians and the media tend to focus on year-to-year changes in the public's view of the health service, by examining long-term trends we can identify broad patterns of change and the circumstances that may be encouraging or discouraging dissatisfaction.

As shown in Figure 1, over the past 20 years our data paint a broadly positive picture for the NHS. In 1997, satisfaction with the NHS was at the lowest point in the survey's history, with half (50%) of the public expressing dissatisfaction. Just one year later, dissatisfaction had fallen to 36% and since the turn of the century has continued to fall, down to 18% in 2010. While correlation cannot be taken for causation, it is worth noting that the period of virtually continuous decline in dissatisfaction, between 2001 and 2010, coincided with a period of unprecedented increases in NHS funding and improvement in key performance measures such as hospital waiting times (Thorlby et al., 2010).

Nevertheless, while funding growth slowed considerably from 2010 onwards, and the decline in dissatisfaction halted, there has not been a concomitant reverse, as might have been expected. Rather levels of dissatisfaction leveled off (excepting the fall in 2014), remaining relatively low by historical standards. And although dissatisfaction rose by eight percentage points, to 23%, between 2014 and 2015 this was from a very low base, as 2014 saw the lowest level of dissatisfaction with the NHS since the survey began in 1983 (15%).

Over the past 20 years
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Figure 1 Dissatisfaction with the NHS, 1983-2015

The data on which Figure 1 is based can be found in the appendix to this chapter.

General practice has traditionally been the most popular sector with dissatisfaction levels varying far less from year to year than for the NHS overall

Dissatisfaction with individual services

Alongside satisfaction with the NHS, we also ask respondents for their views on five individual health care services and on social care services run by local authorities. By examining dissatisfaction with these individual services, we can begin to build a picture of what might be driving dissatisfaction with the NHS overall and the extent to which this links to dissatisfaction with particular services.

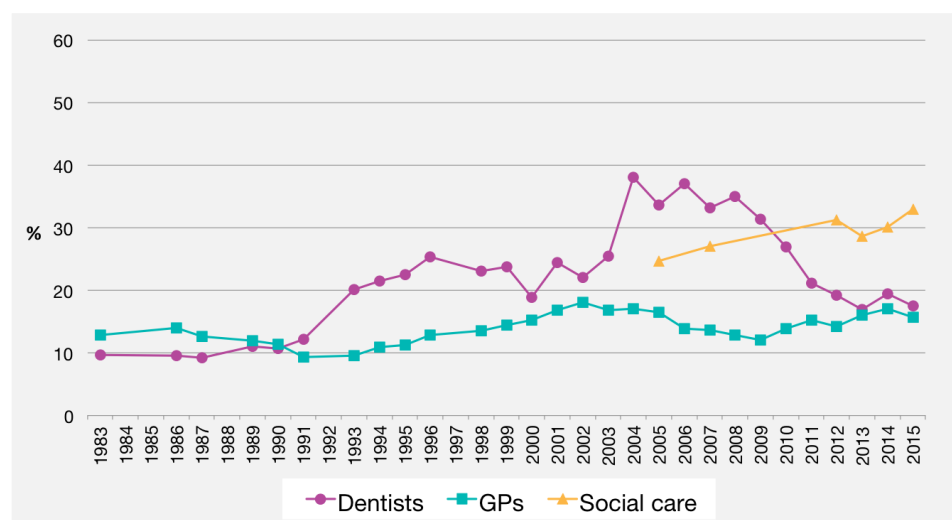
As shown in Figure 2, general practice has traditionally been the most popular sector with dissatisfaction levels varying far less from year to year than for the NHS overall. In 2015, 16% were dissatisfied with GPs. Despite media attention over the past few years reporting pressures in general practice, levels of dissatisfaction in 2015 are similar to those seen a decade earlier. However, there is a small but significant upward trend over the last few years with dissatisfaction rising from 12% in 2009 to 16% in 2015.

Dissatisfaction with social care is high – 33% express dissatisfaction in 2015

Attitudes to dentists have seen a more dramatic change. After the turn of the century, there was a steep rise in dissatisfaction, peaking at 38% in 2004. In part, this may have been attributable to increasing problems of access to NHS dental services in some areas of the country as growing numbers of dentists developed their private work at the expense of their NHS work in reaction to changes in NHS payment rates (Department of Health, 2000). Since then, and with changes in the NHS dental contract, dissatisfaction has steadily declined, down to 18% in 2015. To find lower levels of dissatisfaction, we have to look back to the 1980s and early 1990s when, for a few years, around 10% reported negative views about dentists.

Compared with the NHS overall and its individual services, dissatisfaction with social care is high – 33% express dissatisfaction in 2015. Social care is a service provided by local authorities for people who cannot look after themselves because of illness, disability or old age. The proportion who are dissatisfied has increased from a low point of 25% in 2005, when the question was first asked albeit with slightly different wording.² Many people are unsure about exactly what social care services are, and relatively few people have experience of using them. This perhaps accounts for the high proportion of almost one-third (31%) who report being “neither satisfied nor dissatisfied” with the service.

Figure 2 Dissatisfaction with GPs, dentists and social care, 1983-2015



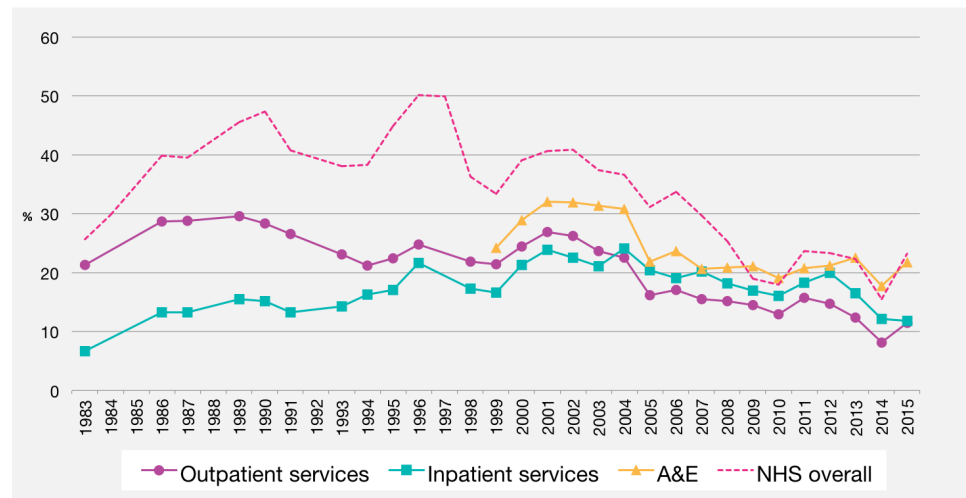
The data on which Figure 2 is based can be found in the appendix to this chapter

We also ask respondents how satisfied they are with three hospital-based services: inpatients, outpatients, and accident and emergency. Dissatisfaction levels for each of these areas has followed a broadly similar trend and tends to mirror changes in levels of dissatisfaction with the NHS overall.

While, since 2001, levels of dissatisfaction with outpatient services have been declining, down to 11% in 2015 (a slight but significant increase from the 2014 low of 8%), dissatisfaction with accident and emergency services has remained fairly flat at around 20% since 2007. On the other hand, dissatisfaction with inpatient services has tended to follow the trend for outpatients and, in 2015, recorded the second lowest level (12%) since 1983.

² In 2005 and 2007 we asked respondents “From your own experience, or from what you have heard, please say how satisfied or dissatisfied you are with the services provided to people who need this kind of regular help with looking after themselves whose family cannot provide it?” Between 2012 and 2015 we asked respondents “And how satisfied or dissatisfied are you with social care provided by local authorities for people who cannot look after themselves because of illness, disability or old age?”

Figure 3 Dissatisfaction with outpatient, inpatient and accident and emergency services, 1983-2015



The data on which Figure 3 is based can be found in the appendix to this chapter

While we see distinct patterns in dissatisfaction with individual NHS services, dissatisfaction with hospital-based services most broadly mirrors trends in dissatisfaction with the way in which the NHS runs overall. This suggests that perceptions and experiences of these services may be important in driving levels of dissatisfaction. It is to the question of who is dissatisfied that we turn next.

Who is dissatisfied?

In this section we examine the detail underlying the broad picture of trends in NHS dissatisfaction described above. In particular, we consider whether levels of dissatisfaction are uniformly spread across the population surveyed, or whether particular groups – the young, the elderly or the better off for example – are more (or less) dissatisfied. Given the fall in dissatisfaction over the last fifteen years, how have the characteristics of the sizable minority expressing dissatisfaction changed between 2000 and 2015? Has, for example, dissatisfaction fallen more among some groups than others?

To examine this, we analysed levels of dissatisfaction with the NHS in 2000 and 2015 for groups defined by a range of socio-demographic characteristics, namely sex, age, country, ethnicity, household income and party political identification. We also examined responses by two questions, asked in the 2015 survey but not in 2000, which establish whether the individual or a family member or friend had had any contact with inpatient or outpatient services in the past year.³ Traditionally, those who have had recent contact with a particular health service have been more likely to report higher levels of satisfaction with it (Appleby et al., 2015).

Overall, dissatisfaction dropped markedly over the 15 years between 2000 and 2015 – from 39% to 23%. Broadly, we found that this

³ Specifically, we asked respondents “In the last twelve months, have you or a close family member or close friend ... been an outpatient in an NHS hospital?” and “been an inpatient in an NHS hospital?”

Dissatisfaction with the NHS, and the changes we have witnessed since 2000, cannot be explained to any significant degree by the changing attitudes of groups with particular socio-demographic characteristics or levels of experience of the NHS

pattern was replicated across most of the groups we examined. Indeed, we only detected two significant differences in levels of dissatisfaction in 2000 and one in 2015. In 2000, dissatisfaction with the NHS varied significantly by age and household income, with the middle age group and the highest income quartile being the most likely to express dissatisfaction. This was the case for 44% of those aged 45-54 and 45% of those in the highest quartile of incomes in 2000, compared with a population average of 39%. In 2015, however, we did not find any significant differences by these characteristics. In fact, the only variable to emerge as significant in explaining levels of dissatisfaction with the NHS was political party identification, with the highest levels of dissatisfaction expressed by supporters of UKIP (32%) and the lowest levels by Conservative supporters (18%).

Clearly then, dissatisfaction with the NHS, and the changes we have witnessed since 2000, cannot be explained to any significant degree by the changing attitudes of groups with particular socio-demographic characteristics or levels of experience of the NHS. It is therefore particularly timely to consider the new questions included on the 2015 survey that explore respondents' own reasons for their satisfaction or dissatisfaction with the NHS.

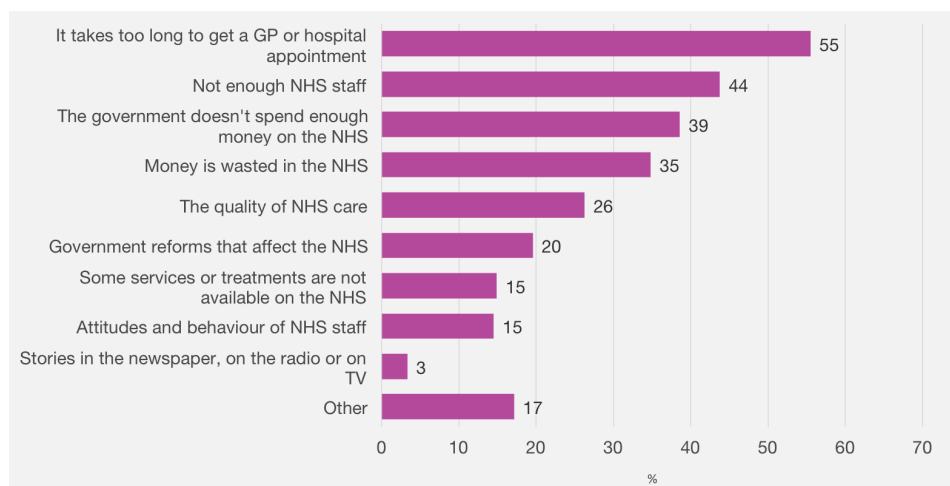
Why are people dissatisfied with the NHS?

To explore the factors that underlie dissatisfaction and satisfaction with the health service, we presented respondents who said that they were dissatisfied or satisfied with separate lists of nine reasons that could potentially explain their particular viewpoint. We asked them to pick up to three that applied to them.⁴ The lists of reasons offered to explain dissatisfaction and satisfaction with the NHS are presented in Figures 4 and 5 respectively.

The most frequently cited reason for dissatisfaction is waiting times (selected by more than half of those who are dissatisfied)

As shown in Figure 4, the most frequently cited reason for dissatisfaction is waiting times (selected by more than half of those who are dissatisfied), followed by three factors relating to resources: that there are not enough NHS staff, that the government spends too little on the NHS, and that money is wasted in the NHS. Each of these explanations was selected by around 4 in 10. Only around a quarter of those who are dissatisfied said this was because of the quality of care provided by the service. No other reason was selected by more than one-fifth of those who are dissatisfied.

⁴ We included on the 2015 BSA survey design pilot the existing question measuring NHS satisfaction and followed this with an open-ended question asking respondents to explain the reasons for their response. We used the data obtained to develop a list of nine possible reasons for satisfaction and ten possible reasons for dissatisfaction that captured the range of different views expressed during the pilot and the language used by the public to describe these. The satisfaction and dissatisfaction lists were then tested on a second questionnaire pilot and refined.

Figure 4 Reasons for dissatisfaction with the NHS

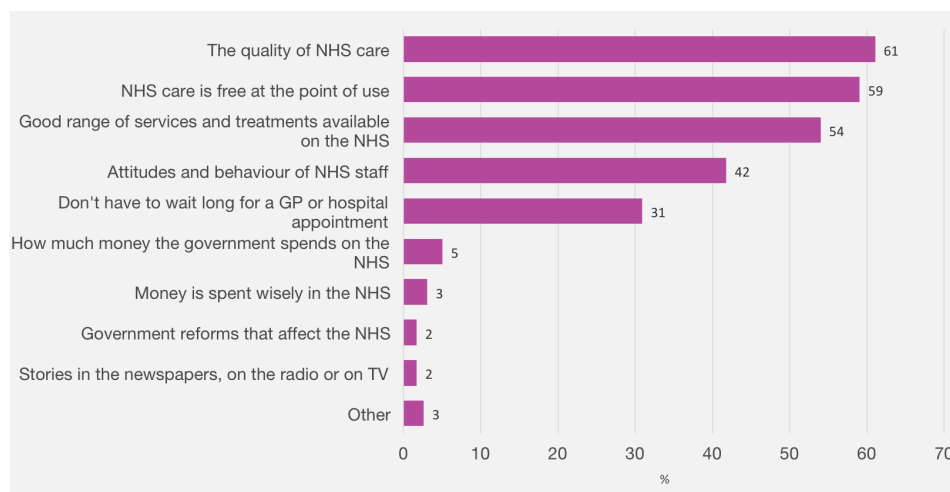
The data on which Figure 4 is based can be found in the appendix to this chapter

Base: all respondents who said they were "very" or "quite" dissatisfied with the NHS

Responses add up to more than 100% because respondents could select up to three answers that applied to them

For the 60% who are satisfied with the NHS, the quality of NHS care is the most frequently cited reason for this satisfaction

It is also helpful to examine why people are satisfied to identify where NHS organisations are doing well (and so distinguish the areas where the NHS needs to ensure standards are maintained if they want to retain public approval). Figure 5 shows that, for the 60% who are satisfied with the NHS, the quality of NHS care is the most frequently cited reason for this satisfaction (selected by 6 in 10 of those who are satisfied). This is closely followed by two factors relating to access to care: that the NHS is free at the point of use and the good range of services and treatments available on the NHS. The top five factors also include the attitudes and behavior of staff, chosen by around 4 in 10, and short waiting times for GP or hospital appointments, selected by 3 in 10.

Figure 5 Reasons for satisfaction with the NHS

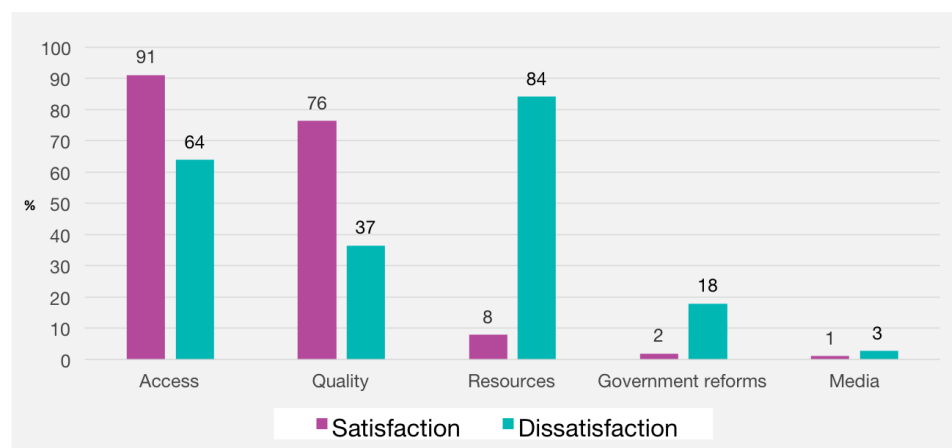
The data on which Figure 5 is based can be found in the appendix to this chapter

Base: all respondents who said they were "very" or "quite" satisfied with the NHS

Responses add up to more than 100% because respondents could select up to three answers that applied to them

Perhaps unsurprisingly, the reasons people give for being dissatisfied with the NHS are quite different from the reasons they cite for being satisfied. In Figure 6 we have illustrated this point by grouping the reasons into five broad groups:⁵ resources; access to care; quality; government reforms and media stories. Categorising the data in this way shows that nearly all of those who are satisfied with the NHS cite access to care as a reason (91% of satisfied respondents selected at least one of: waiting times; care being free at the point of use; the range of services and treatments available), and more than three-quarters cite quality (76% selected the quality of care or the attitudes and behaviour of staff). Very few explain their satisfaction as relating to resources, government reforms or stories in the media. This suggests satisfaction is mainly influenced by tangible factors relating to the services people use and the ease in accessing them, rather than structural and administrative factors such as decisions made by government and NHS leaders about policy and spending.

Figure 6 Reasons for satisfaction and dissatisfaction with the NHS, grouped by theme



In contrast, the vast majority of people who are dissatisfied explain this on the basis of factors relating to the level of resourcing in the NHS (84% select a lack of staff, how much the government spends on the NHS or that money is wasted). A large proportion of people are also dissatisfied because of problems accessing care (this was mainly because of waiting times, but also due to the view that some services and treatments are not available). Although there has been discontent in the health service and among politicians about the major reform program that was introduced by the Health and Social Care Act in 2012, just 18% of those who are dissatisfied identify government reforms as a causal factor.

The vast majority of people who are dissatisfied explain this on the basis of factors relating to the level of resourcing in the NHS

⁵ **For satisfied respondents** the groupings are: access (NHS care is free at the point of use, Good range of services and treatments available on the NHS, Don't have to wait long for a GP or hospital appointment); quality (The quality of NHS care, Attitudes and behaviour of NHS staff); resources (How much money the government spends on the NHS, Money is spent wisely in the NHS); media (Stories in the newspapers, on the radio or on TV); government reforms (Government reforms that affect the NHS). **For dissatisfied respondents:** access (It takes too long to get a GP or hospital appointment, Some services or treatments are not available on the NHS); quality (The quality of NHS care, Attitudes and behaviour of NHS staff); resources (Not enough NHS staff, The government doesn't spend enough money on the NHS, Money is wasted in the NHS); media (Stories in the newspaper, on the radio or on TV); government reforms (Government reforms that affect the NHS).

How can the NHS placate these dissatisfied customers? The main message seems to be that the government should spend more money on the NHS – to increase capacity in general practice and the hospital sector in order to reduce waiting times, and to employ more staff. The results also point to the importance of the NHS being able to demonstrate that it has examined the efficiency of its operation, identified areas where money is wasted and acted on this. Meanwhile, the data on reasons for satisfaction emphasize the importance of maintaining a national health service that is free at the point of need and that provides a comprehensive range of high quality services, which can be accessed relatively quickly. These factors, which are founding principles of the NHS, seem to be closely linked to positive attitudes about the health service.

This leaves the NHS and the government with a dilemma. Growth in the NHS budget has slowed significantly since 2010 and, over the last year, many NHS organisations have started to overspend. There is little room for NHS organisations to invest in more staff or fund the extra capacity needed to reduce waiting times further. How do the public think the government should raise the extra money needed to address their main concerns? In the next section we examine attitudes to funding and how these may be driving levels of dissatisfaction with the NHS or, more positively, whether they may be suggesting funding solutions which could potentially convert dissatisfaction to satisfaction.

NHS funding

Arguably, NHS funding is a theme that cuts across many of the popular explanations for dissatisfaction with the NHS. Of the top five reasons given for dissatisfaction with the NHS (presented in Figure 4), one relates directly to NHS spending levels, three (staffing levels, waiting times and quality of care) arguably relate both directly and indirectly to funding, and one relates to the efficiency with which the NHS uses its funding (wasted money). In this section we explore the issue of funding and efficiency in more detail. We first consider whether the public feels there is a crisis in funding the NHS and if this perception may be underpinning dissatisfaction with it. Second, we examine whether those who are dissatisfied are more supportive of various policy solutions to address the perceived funding problem.

Is there an NHS funding crisis?

When we asked respondents whether they think the NHS is facing a funding problem, they overwhelmingly said yes. More than 9 in 10 (93%) support this view, with 32% identifying it as a “severe” funding problem. Moreover, although overall levels of support for this viewpoint have not changed significantly, these figures represent a shift to a more negative standpoint since 2014, when this question was first asked (where 19% identified the funding problem as “severe”).

The vast majority of people who are dissatisfied explain this on the basis of factors relating to the level of resourcing in the NHS

When we consider how responses to this question vary between those who are satisfied and dissatisfied with the NHS overall, as shown in Table 1, a clear pattern emerges. Just over 1 in 10 of those who perceive that there is no problem or a “minor” funding problem are dissatisfied with the NHS, compared with 2 in 10 of those who think there is a “major” funding problem and 3 in 10 of those who think there is a “severe” funding problem. If we consider the other possible direction of the relationship between these two attitudes, we see that almost half (45%) of those who are dissatisfied think the NHS has a “severe” funding problem compared with just a quarter (26%) of those who are satisfied. Clearly then, the perception that the NHS is facing a severe funding problem links with, and may be contributing to, public dissatisfaction with it. However, it is interesting that, even for those who perceive a “severe” funding problem, levels of dissatisfaction are significantly lower than those seen for the population as a whole in 2000. This suggests that views on NHS funding are not the only factor driving levels of dissatisfaction.

Table 1 Satisfaction with the NHS, by extent to which the NHS is facing a funding problem

	View on whether the NHS has a funding problem			All
	No problem, or minor funding problem	Major funding problem	Severe funding problem	
Satisfaction with the NHS	%	%	%	%
Satisfied	72	63	47	60
Neither	15	16	21	16
Dissatisfied	13	21	31	23
<i>Unweighted base</i>	<i>179</i>	<i>510</i>	<i>346</i>	<i>2171</i>

What should be done about it?

Given the results presented above, one obvious policy response to reduce dissatisfaction with the NHS would seem to be to spend more money. From previous BSA surveys, we know that health is consistently the preferred choice for additional government spending. In 2015, 52% selected it as their first choice for extra government spending and 78% either as their first or second choice; the next most popular choice in both cases was education – the first choice for 25% and the first or second choice for 61%.

It is also the case that those who want higher public spending on non-health areas are less likely to be dissatisfied with the NHS than those who want higher spending on the NHS. Specifically 26% of those who select health as their first choice for extra government spending say they are dissatisfied with the NHS, compared with 22% of those who did not select health as their top priority. Furthermore, as we see in Table 2, when it comes to preferences for increasing taxes (to spend more on areas like health, education and social

Those who are dissatisfied with the NHS tend to be more in favour of increasing taxes than those who are satisfied

benefits), those who are dissatisfied with the NHS tend to be more in favour of increasing taxes than those who are satisfied – a result that makes intuitive and logical sense. Specifically, 55% of those who are dissatisfied favour increasing taxes and spending more, compared with 45% of those who are satisfied. Analysis of data from 2000 suggests that this may have historically been the case; in 2000, 55% of those who were dissatisfied favoured increasing taxes and spending more, compared with 49% of those who were satisfied. (More detailed analysis of trends in attitudes to taxation and spending is included in the chapter on Politics).

Table 2 Attitudes to government taxation and spending, by satisfaction with the NHS

	Dissatisfied	Satisfied	All	Difference (dissatisfied–satisfied)
	%	%	%	Percentage point
Reduce taxes	4	3	4	+1
Keep taxes the same	35	49	47	-14
Increase taxes	55	45	45	+10
None	5	3	3	+2
Don't know	0	1	1	-1
<i>Unweighted base</i>	<i>264</i>	<i>672</i>	<i>3266</i>	

Of course, it is one thing to favour raising taxes in the abstract and another to be willing to pay more personally. We asked respondents: “If the NHS needed more money, which of the following do you think you would be prepared to accept?” and provided them with the list of possible options. As Table 3 shows, 42% would be willing to pay more through taxation with around a quarter favouring some form of hypothecation for the NHS (i.e. a separate tax that is specifically earmarked for the NHS). Almost 2 in 10 would be willing to pay more via existing taxes. Among those who are dissatisfied, a similar proportion would be willing to pay more directly for the NHS through a separate tax. However, only around 1 in 10 (compared with 2 in 10 who are satisfied) are prepared to pay more through the current taxes they pay. Meanwhile 3 in 10 of the dissatisfied (compared with a quarter of the satisfied) take the harder line that the NHS needs to live within its budget.

Table 3 Acceptable options if the NHS were to need more money, by satisfaction with the NHS

	Dissatisfied	Satisfied	All	Difference (dissatisfied – satisfied)
	%	%	%	Percentage point
Pay more through separate tax - directly to NHS	24	25	24	-1
Pay more through the taxes I currently pay	11	19	17	-8
Pay £10 for each visit to a GP or local A&E department	17	16	15	+1
Pay for non-medical costs in hospital, like food and laundry	10	12	12	-2
Ending exceptions from current charges (e.g. prescription charges for children, pregnant women, retired people)	4	2	3	+2
None of the above; the NHS needs to live within its budget	30	24	26	+6
<i>Unweighted base</i>	<i>252</i>	<i>624</i>	<i>1062</i>	

While those who are dissatisfied with the NHS are more likely to favour increased government taxation and spending, they are no more, and sometimes less, in favour of additional specific taxation to support the NHS

Clearly then, while those who are dissatisfied with the NHS are more likely to favour increased government taxation and spending, they are no more, and sometimes less, in favour of additional specific taxation to support the NHS.

A range of alternative options to address the NHS's perceived funding problem which do not involve further government taxation are possible. One option to improve the public's view about a funding problem could be to shrink the NHS's responsibilities and activities to fit the resource it has been allocated. This could mean limiting its services to, for example, those on lower incomes, leaving others to make their own private health care arrangements through, say, private insurance. Historically we have measured public support for this option by asking our respondents whether they support or oppose the idea that, "The national health service should only be available to those on low incomes". As Table 4 shows, this has never been a particularly popular policy among the public, with around three-quarters opposing such a change between 1996, when the question was first asked, and today. Interestingly though, this option is equally unpopular among those who are satisfied or dissatisfied with the NHS (25% for both groups).

Table 4 Attitudes to limiting the NHS to those on lower incomes, 1996-2015

	1996	1997	1998	1999	2000	2001	2002	2003
NHS should only be available to those with lower incomes	%	%	%	%	%	%	%	%
Support	23	21	26	23	27	24	27	23
Oppose	75	77	72	74	71	73	72	76
<i>Unweighted base</i>	3633	3620	3146	3426	2188	2287	2293	3199

	2004	2006	2010	2011	2013	2014	2015
NHS should only be available to those with lower incomes	%	%	%	%	%	%	%
Support	24	24	21	26	28	32	26
Oppose	74	74	77	73	70	68	73
<i>Unweighted base</i>	3193	2143	3297	1113	2189	917	1062

So far we have seen that those who are dissatisfied with the NHS are slightly less willing to pay more for the NHS specifically through taxation and have no other discernable preference for the source of funding to fix what 45% of those who are dissatisfied see as being a “severe” funding problem. Are there other actions the NHS could take in the absence of more money being made available that the dissatisfied in particular would favour?

Table 5 presents responses to a question which asked respondents what they think the most important thing is for the NHS to do, “if demand for NHS services exceeds the amount of funding it receives”. (Respondents were offered a choice of the four options presented in the table, or were able to choose “none of these”). The most popular options identified are for the NHS to stop providing treatments that are poor value for money, selected by 4 in 10, and restricting what the NHS offers by limiting access to non-emergency treatments, chosen by one in four. However, there are no significant differences in the proportions of those who are satisfied and dissatisfied with the NHS who select these, or any of the other responses.

Table 5 Views on the most important thing for the NHS to do, if demand for NHS services exceeds the amount of funding received

	All	Dissatisfied	Satisfied	Difference (dissatisfied – satisfied)
	%	%	%	Percentage point
Stop providing treatments that are poor value for money	44	42	47	-5
Restrict access to non-emergency treatment	23	26	21	+5
Raise the threshold for treatment, so people have to be sicker to receive care	9	8	9	-2
Delay treatments so people have to wait longer before they can receive treatment	2	*	3	-3
None of these	18	21	17	+3
<i>Unweighted base</i>	<i>1062</i>	<i>252</i>	<i>624</i>	

Maintaining low levels of dissatisfaction with the NHS cannot be achieved by policy in relation to NHS funding alone

In terms of attitudes to the funding of the NHS then, we have seen that those who are dissatisfied are distinct from those who are satisfied in terms of being more likely to think that the NHS is facing a severe funding problem – a view expressed by almost half. Yet while the dissatisfied are also more likely to support increased taxation and government spending in general, they are less likely to support an increase in the taxes they pay personally compared with those who are satisfied. They also do not express discernably different views in relation to any of the other policy options available for addressing the NHS's funding problem. This clearly suggests that maintaining low levels of dissatisfaction with the NHS cannot be achieved by policy in relation to NHS funding alone. This is a finding that is endorsed by the comparatively low levels of dissatisfaction we witness in 2015, in a period when more than 9 in 10 perceive the NHS to be experiencing a funding problem.

Conclusions

Dissatisfaction with the NHS, at 23%, remains at a relatively low level historically and appears to be in a comparatively flat period after falling fairly steadily since the turn of the century when it stood at 39%. Understanding what drives changes in dissatisfaction, not just from year to year, but over longer periods too, is important for the NHS and policy makers given their desire to improve services and the public's attitudes towards them.

There is little variation in levels of dissatisfaction by socio-demographic characteristics and, when we compare the 2015 data with that obtained in 2000, no evidence of long-term patterns in relation to this area. From a policy point of view, this suggests that a practical proposal to reduce dissatisfaction would not need to focus on one or more demographically defined group. For this reason, it is best to focus on the practical question of why some people say they are dissatisfied. On this, we find that the dissatisfied are

concerned with a variety of perceived failings of the NHS, from long waiting times to the quality of care and the attitudes and behaviour of NHS staff. In particular, NHS funding and resourcing appears to relate directly or indirectly to many of the top reasons given for being dissatisfied. And indeed, while a majority of those surveyed felt the NHS was currently facing a funding problem, among the dissatisfied, slightly fewer than half felt this was severe compared with one-quarter of the satisfied.

If funding seems to be a particular problem, what would make those expressing dissatisfaction more satisfied with the NHS? One option – limiting the NHS to those on low incomes in order to fit a constrained NHS budget – was an equally minority preference among both those dissatisfied and satisfied with the NHS. While increasing taxation and government spending was more popular among the former than the latter, when asked specifically about their personal willingness to pay more for the NHS – either through a hypothecated tax or current taxes – the dissatisfied turn out to be somewhat less enthusiastic about tax increasers than the satisfied. Although more than one-third of the dissatisfied do say they would be willing to pay more through current or a new hypothecated tax, 3 in 10 take a harder line view that the NHS should live within its budget.

Of course, to talk about the dissatisfied as a uniform group is misleading. As we have seen, they have different reasons for being dissatisfied and hold different views on the solutions to funding problems. While for some tax and spend is the answer, for others (more concerned for example about money being wasted in the NHS) the solution is for the NHS to live within its means and reduce spending on treatments that are poor value for money. As ever, perhaps, there is no single policy action that offers a total solution.

This may not always hold however. The NHS is currently halfway through a decade of planned funding restraint. While the next five years will be as tight financially as the last five years, it starts from a very different - and more difficult - position financially and in terms of its headline performance now compared with 2010 (Nuffield Trust et al., 2015). Over nine out of ten acute hospitals in England are likely to end 2015/16 with an overspent budget for example (Appleby et al., 2016). But many are also failing on a number of key government waiting time standards. On the government's current funding plans, how the public's attitudes towards the NHS develop over the next few years - especially the connection between identifying funding as a problem and the willingness to accept solutions to that problem – may start to coalesce. Whether this will be a more favourable attitude to increased tax and spend, or a more hard-line view on the need for the NHS to live within its means or seek alternative out of pocket revenue, will depend on the ability of the NHS to not just maintain, but improve on headline performance.

To talk about the dissatisfied as a uniform group is misleading. As we have seen, they have different reasons for being dissatisfied and hold different views on the solutions to funding problems

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Appendix

The data for Figure 1 are as follows:

Table A.1 Satisfaction with the NHS, 1983–2015										
	83	84	86	87	89	90	91	93	94	95
	%	%	%	%	%	%	%	%	%	%
Satisfied	55	51	40	40	37	37	40	44	44	37
Neither	20	19	19	20	18	15	19	18	17	18
Dissatisfied	26	30	40	40	46	47	41	38	38	45
Net satisfied	29	0	1	1	-9	-10	-1	6	6	-8
<i>Unweighted base</i>	1761	1675	3100	2847	3029	2797	2918	2945	3469	3633
	96	97	98	99	00	01	02	03	04	05
	%	%	%	%	%	%	%	%	%	%
Satisfied	36	34	42	46	42	39	40	44	44	48
Neither	14	15	22	20	19	20	18	18	20	20
Dissatisfied	50	50	36	33	39	41	41	37	37	31
Net satisfied	-14	-15	5	13	3	-2	-1	6	7	17
<i>Unweighted base</i>	3620	1355	3146	3143	3426	2188	2287	2293	3199	3193
	06	07	08	09	10	11	12	13	14	15
	%	%	%	%	%	%	%	%	%	%
Satisfied	49	51	58	64	70	58	61	60	65	60
Neither	16	19	16	16	12	18	16	17	19	16
Dissatisfied	34	30	25	19	18	24	23	22	15	23
Net satisfied	15	21	32	46	52	34	37	38	50	37
<i>Unweighted base</i>	2143	3078	3358	3421	3297	1096	1103	1063	1937	2167

The data for Figure 2 are as follows:

Table A.2 Dissatisfaction with GPs, dentists and social care, 1983–2015										
	83	86	87	89	90	91	93	94	95	96
% dissatisfied	%	%	%	%	%	%	%	%	%	%
GPs	13	14	13	10	11	11	10	11	11	13
Dentists	10	10	9	20	22	23	20	22	23	25
Social care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
<i>Unweighted base</i>	1761	3100	2847	3029	2797	2918	2945	3469	3633	3620
	98	99	00	01	02	03	04	05	06	07
% dissatisfied	%	%	%	%	%	%	%	%	%	%
GPs	14	14	15	17	18	17	17	16	14	14
Dentists	23	24	19	24	22	26	38	34	37	33
Social care	n/a	n/a	n/a	n/a	n/a	n/a	n/a	25	n/a	27
<i>Unweighted base</i>	3146	3143	3426	2188	2287	2293	3199	3193	2143	3078
	08	09	10	11	12	13	14	15		
% dissatisfied	%	%	%	%	%	%	%	%		
GPs	13	12	14	15	14	16	17	16		
Dentists	35	31	27	21	19	17	19	18		
Social care	n/a	n/a	n/a	n/a	31	29	30	33		
<i>Unweighted base</i>	3358	3421	3297	1096	1103	1063	971	1062		

n/a = not asked

The data for Figure 3 are as follows:

Table A.3 Dissatisfaction with outpatient services, inpatient services and A&E services, 1983–2015										
	83	86	87	89	90	91	93	94	95	96
% dissatisfied	%	%	%	%	%	%	%	%	%	%
Outpatient services	21	29	29	30	28	27	23	21	22	25
Inpatient services	7	13	13	15	15	13	14	16	17	22
A&E	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
NHS overall	26	40	40	46	47	41	38	38	45	50
<i>Unweighted base</i>	<i>1761</i>	<i>3100</i>	<i>2847</i>	<i>3029</i>	<i>2797</i>	<i>2918</i>	<i>2945</i>	<i>3469</i>	<i>3633</i>	<i>3620</i>
	98	99	00	01	02	03	04	05	06	07
% dissatisfied	%	%	%	%	%	%	%	%	%	%
Outpatient services	22	21	24	27	26	24	23	16	17	16
Inpatient services	17	17	21	24	23	21	24	20	19	20
A&E	n/a	24	29	32	32	31	31	22	24	21
NHS overall	36	33	39	41	41	37	37	31	34	30
<i>Unweighted base</i>	<i>3146</i>	<i>3143</i>	<i>3426</i>	<i>2188</i>	<i>2287</i>	<i>2293</i>	<i>3199</i>	<i>3193</i>	<i>2143</i>	<i>3078</i>
	08	09	10	11	12	13	14	15		
% dissatisfied	%	%	%	%	%	%	%	%		
Outpatient services	15	14	13	16	15	12	8	11		
Inpatient services	18	17	16	18	20	17	12	12		
A&E	21	21	19	21	21	23	18	22		
NHS overall	25	19	18	24	23	22	15	23		
<i>Unweighted base</i>	<i>3358</i>	<i>3421</i>	<i>3297</i>	<i>1096</i>	<i>1103</i>	<i>1063</i>	<i>971</i>	<i>1062</i>		

n/a = not asked