## Meyblic perceptions of healhaid

 socialcare polling (Naye 4. May 2023)
## Conducted by lpsos for the

Health Foundation


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# Executive Summary 

## Summary of work and key findings

## Expectations of the NHS, social care services and health

## The public continue to remain negative about the standard of care in the NHS and social care, although they are slightly more optimistic about future standards in the NHS than in Nov 2022

Two-thirds of the public think the standard of care in the NHS has got worse over the last 12 months (66\%), which is stable from November 2022. The public are less likely to think NHS services will get worse in the next 12 months in May 2023 (54\%) than in November 2022 ( $62 \%$ ), although overall views remain negative.
Regarding specific aspects of the NHS:
. The public think most aspects of the NHS have got worse over the last $\mathbf{1 2}$ months, particularly pressure on NHS staff ( $80 \%$ ), waiting times for routine services ( $76 \%$ ), and wellbeing of NHS staff ( $74 \%$ ). Overall, these views are stable from November 2022.

- The public are more optimistic about the next 12 months for most aspects of the NHS compared with November 2022, although overall views still tend to be negative. Key areas which the public think will get worse include the pressure and workload on NHS staff (68\%), waiting times for routine services (64\%), and waiting times for A\&E (63\%).

Views towards social care have improved from November 2022, although overall views are still negative. Nearly three in five of the public think the standard of social care services has got worse over the last 12 months ( $59 \%$ ), and around half think it will continue to get worse over the next 12 months (52\%).
Similar to views towards social care, views towards the public's overall level of health and wellbeing have improved from November 2022, although overall views are still negative. A little under two-thirds (64\%) think the public's overall level of health has got worse over the last 12 months, while half ( $50 \%$ ) think it will get worse over the next 12 months (a decrease of 11 percentage points from November 2022, when $61 \%$ of the public felt this way).

## General views of the NHS

## Negative views towards national and local NHS services have remained stable from November 2022, and the public continue to prioritise the same things for the NHS

Over half ( $54 \%$ ) of the public who are self-identified British citizens say the NHS is something that makes them proud to be British, which is over 20 percentage points higher than the next option. When asked what is it about the NHS that makes them proud to be British via a free text question, the top two reasons are related to the NHS model. Specifically, over half ( $55 \%$ ) are proud that it is free at the point of use, and over one-third ( $36 \%$ ) are proud that it is available to everyone.

The public continue to remain divided as to whether the NHS is providing a good service; one-third think that the NHS is providing a good service nationally (33\%) and two in five think it is providing a good service locally (39\%). The public continue to hold negative views towards government policies for the NHS, with only one in ten (11\%) agreeing the government has the right policies in place for the NHS. Compared with November 2022, fewer members of the public disagree the NHS is providing a good service nationally (down from $47 \%$ to $43 \%$ ) and locally (down from $37 \%$ to $33 \%$ ). Similarly, fewer members of the public disagree the government has the right policies for the NHS (down from 70\% in November 2022 to $65 \%$ now), although these views are still negative.

The public generally continue to prioritise the same things for the NHS as in November 2022. Their top priorities are addressing the pressure on or workload of NHS staff (40\%), increasing the number of staff in the NHS (39\%), then improving waiting times for routine services such as diagnostic tests or operations (34\%). Waiting times in A\&E is less of a priority now than in November 2022 (down from $31 \%$ to $26 \%$ in May 2023).

## General views of the NHS cont'd

## While the public generally think the NHS is crucial to British society, the public are less likely to think this than in May 2022

While a majority of the public think 'The NHS is crucial to British society and we must do everything to maintain it' (72\%), this is significantly lower than in May 2022 ( $77 \%$ ). Similarly, the proportion who think the NHS was a great project, but we probably can't maintain it in its current form, has increased from 21\% in May 2022 to $26 \%$ in May 2023.

When asked about the NHS in 10 years' time, in general, the public think people will have to pay for healthcare services that are currently free, to some extent. Only one-quarter ( $25 \%$ ) think healthcare will generally be free at the point of delivery, as it is now. In contrast, half ( $51 \%$ ) think people will have to pay for some healthcare services that are currently free. A minority of the public think that people will either have to pay for most (13\%) or all (7\%) healthcare services in 10 years' time.

Regarding the strain the NHS is under, the public tend to think that lack of funding (40\%), staff shortages (38\%) and poor government policy (35\%) are the main causes, with poor NHS management close behind (29\%). Views towards the reason why the NHS is under strain tend to differ by age, voting intention, and level of deprivation.

Generally the public are divided as to whether the NHS is prepared for future pandemics (47\% think it is prepared, while $46 \%$ think it is not prepared) and are generally pessimistic about their preparedness for other areas including keeping up with new technology ( $28 \%$ ), responding to the impacts of climate change (19\%) and meeting the increasing health demands of an ageing population (17\%).

## General views of social care

## The public are generally negative towards social care services, yet there is no clear consensus on what should be prioritised

The public continue to be negative about social care services in their local area, with only $12 \%$ agreeing they are good and $33 \%$ disagreeing they are good. Very few think the government has the right policies in place for social care (6\%), and a little under two-thirds of the public disagree that the government has the right policies ( $63 \%$ ). These views are stable in comparison with November 2022.

The public's top priorities for social care include improving pay and conditions for social care staff (42\%), making it easier for health and social care services to work together to provide care and support ( $37 \%$ ), increasing the number of staff ( $32 \%$ ), and increasing support for people who provide care for friends and family members (32\%).

The public tend to think means testing for social care is unfair in contrast with funding for the NHS, however this is not a strong consensus. Half the public think that it is unfair (51\%) as opposed to fair (34\%).

## Views on private healthcare and net zero

## The public are divided as to whether they would pay for private health insurance or private healthcare; they generally do not see the NHS reducing its impact on climate change as a priority

The public are divided as to whether they would pay for private health insurance or private healthcare. Whilst just under half (47\%) are unlikely to pay, nearly one-quarter ( $23 \%$ ) say they would be likely to pay, and $15 \%$ are already paying (or their company pays). While the proportion of the public who are unlikely to pay for private healthcare is lower than in November 2022, it should be noted that the question wording has been updated since November 2022 to include those whose company pays for private health insurance, as well as those who already pay (also up from 13\% in November 2022 to 15\%).

Few members of the public think the NHS is contributing to climate change. Only $19 \%$ agree the NHS is contributing, while a quarter disagree ( $25 \%$ ). The public are overall divided as to whether the NHS has a responsibility to reduce its impact on climate change. Around two in five (39\%) agree it has a responsibility, while one-quarter disagree ( $25 \%$ ) and one-third neither agree nor disagree (32\%). However, few members of the public think the NHS should make reducing its impact on climate change one of its top priorities. Only one in six (15\%) think it should be a priority, which is significantly lower than in May 2022 (19\%).

Awareness of the NHS's aim to be net zero remains low (18\%), and this has decreased from May 2022 (when $23 \%$ were aware). The public remain supportive of this aim ( $60 \%$ support it, with only $12 \%$ opposing it), however there has been a downward trend from July 2021 , when $70 \%$ supported the NHS's aim to be net zero.

## Views on funding for the NHS and social care

## There continues to be strong support from the public for an increase in funding for the NHS; the public generally think the UK government spends less on healthcare than other countries

The majority of the public think the NHS needs an increase in funding ( $80 \%$ ), which is consistent with results from November 2022 (when 82\% thought the NHS needed an increase in funding).

The public think this additional funding should be paid for through a number of different schemes; there is the most support for an additional tax that is earmarked specifically for the NHS (31\%), as well as an increase in National Insurance (22\%) or an increase in income tax ( $21 \%$ ). However, there is decreased support for all three approaches from November 2022, possibly reflecting growing concern about the cost of living crisis.

When asked how UK spending on healthcare compares to other countries (Germany, France and Spain), the public tend to think the UK spends less overall. In general, they are more likely to think that the UK spends less on healthcare per person in the past year than Germany ( $48 \%$ ) or France ( $38 \%$ ), and are somewhat divided as to whether the UK spends more ( $29 \%$ ) or less ( $29 \%$ ) than Spain.

## Views on public health and government interventions

## The public generally do not think the government has the right policies in place to address public health

Among those aged 65 and below, a little over half (55\%) think they will be in good health when they reach retirement. They are less likely to think those in their local area who are a similar age to them will be in good health ( $34 \%$ ). Among those aged 66 and above, nearly nine in ten (87\%) thought they were in good health when they retired. Fewer thought those in their local area were in good health, although this is still high (60\%).

Around half of the public (49\%) do not think the government has the right policies in place to improve public health; although this is slightly better than in November 2022, when $54 \%$ felt the same way. In contrast, $16 \%$ think the government does have the right policies in place, again a slight increase from November 2022 (13\%).

The public tend to think the government has the most responsibility for reducing the harms from smoking, such as banning smoking public spaces ( $80 \%$ ), although less so than in November 2022 ( $85 \%$ ). This is followed by reducing levels of gambling-related harm ( $70 \%$ ), then reducing levels of alcohol-related harm ( $67 \%$, down from $72 \%$ in November 2022). While nearly three in five ( $58 \%$ ) of the public think the government has been effective at reducing harm from smoking, this has decreased from November 2022, when $62 \%$ felt the same way. Even fewer members of the public think the government has been effective at addressing alcohol-related harms (25\%) and gambling-related harms ( $21 \%$ ). For alcohol-related harms however, perceptions have improved slightly from November 2022, when 17\% felt the government was addressing this effectively.

Over half of the public would support local authorities having more responsibility for implementing policies to reduce harm from tobacco, alcohol and unhealthy food. Half the public are in support of this (55\%), while only one in five oppose it (21\%).

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## Background to the research

## Overview of the project

## Background to the research

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

Since 2020, the Health Foundation has commissioned a range of research into public attitudes to gain insight into changing public perceptions of health and social care. Topics include: the public's views of health and social care services, private healthcare, NHS net zero targets, funding for health and social care, and public health and government interventions.

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

The Health Foundation therefore commissioned Ipsos to deliver a programme of research over two years, which includes four demographically representative polls with the UK general public at six-monthly intervals.
This report covers the fourth wave of the polling programme, conducted from $5^{\text {th }}-10^{\text {th }}$ May 2023 . Findings from the first, second and third waves of the programme can be accessed here.

## Overview of the project

## Objectives

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

- Public attitudes to health and social care services
- The government's handling of the NHS and social care
- Wider health policy issues including NHS net zero targets and NHS funding
- Public health and government interventions


## Report Structure

The first section of this report presents the 'Expectations Tracker'. The second and third sections cover general views of the NHS and social care, including perceptions of the top priorities for the NHS, and general views on whether government have the right policies for the NHS and social care.

The fourth section looks at the willingness to pay for private healthcare, the fifth section considers awareness and views towards NHS net zero targets, and the sixth section considers views towards funding for the NHS and social care. The seventh section explores views on public health and government interventions.

## Background to the project

## Previous polling

This report includes data collected by Ipsos from previous work with the Health Foundation and other clients (as well as the programme this survey is part of, linked on slide 11). Where questions were repeated in previous surveys, these have been included in the report in order to illustrate trends. However, please note that methodologies differ and so comparisons are indicative rather than direct. The data included comes from the following projects:

- Ipsos MORI poll "What it means to be British". Link. 998 face-to-face interviews with adults aged 15+ in Great Britain. Fieldwork: 27 January - 5 February, 2012.
- Ipsos MORI poll "What the public think of the NHS at 65". Link. 2,515 online interviews with adults aged 16-75 in Great Britain. Fieldwork 23-27 February, 2012.
- Ipsos MORI poll "Post-Brexit pride in Britain". Link. 1,099 face-to-face interviews with adults aged 16-75 in Great Britain. Fieldwork: 26-29 July, 2016.
- Ipsos MORI poll for The Health Foundation. Link. 1,792 face-to-face interviews with adults aged 15+ in Great Britain. Fieldwork: 13-29 March, 2015.
- Ipsos MORI/Department of Health Perceptions of the NHS Tracker. Link. 1,025 CAPI interviews with adults aged 16+ in England. Fieldwork: 31 October - 18 December 2016.
- Ipsos MORI 2017 report "What does the public think about the NHS?". This report was prepared for The King's Fund. Link. 1,151 CAPI interviews with adults aged $15+$ in England. Fieldwork: 4-10 August 2017 in their homes.
- Ipsos MORI/Deloitte report "State of the State 2017". This report was prepared for Deloitte. Link. 1,071 CAPI interviews with adults aged 15+ in Great Britain. Fieldwork: 1828 August 2017 in their homes.
- May 2017 report "What does the public think about the NHS and social care services?". This report was prepared for the Health Foundation. Link. 1,985 CAPI interviews with adults aged 15+ in Great Britain. Fieldwork: 5-15 May 2017, in their homes.
- November 2019 report "General election 2019 polling for the Health Foundation: Public perceptions of the NHS and social care". This report was prepared for the Health Foundation. Link. 1,990 CAPI interviews with adults aged 15+ in Great Britain. Fieldwork: 8-17 November 2019.
- May 2020 report "The Health Foundation COVID-19 Survey". This report was prepared for the Health Foundation. Link. 1,983 telephone Omnibus surveys with people aged $18+$ in Great Britain. Fieldwork: 1-10 May 2020.
- July 2020 report "Public perceptions of health and social care in light of COVID-19". This report was prepared for the Health Foundation. Link. 2,246 telephone Omnibus surveys with people aged 18 + in Great Britain. Fieldwork: 17-29 July 2020.
- November 2020 report "Public perceptions of health and social care in light of COVID19". This report was prepared for the Health Foundation. Link. 2,001 telephone Omnibus surveys with people aged 18 + in Great Britain. Fieldwork: 13th - 24th November 2020.
- Ipsos poll "St. George's day and national pride". Link. 990 online interviews with adults aged 16-75 in Great Britain. Fieldwork 5 April 2022.
- Ipsos poll "What makes us proud to be British?". Link. 1,750 Omnibus interviews with adults aged 18-75 in Great Britain. Fieldwork 3-4 August, 2022.


## Methodology

## Overview of the methodology

## Methodology and fieldwork

This survey was conducted via the UK KnowledgePanel. The KnowledgePanel is Ipsos' random probability online panel. It has more than 20,000 panellists who are recruited using off-line random probability unclustered address-based sampling, the gold-standard in UK survey research, meaning that every household in the UK has a known chance of being selected to join the panel. Further details about the KnowledgePanel are included in the appendices.

The survey was conducted between $\mathbf{5}^{\text {th }}$ and $10^{\text {th }}$ of May 2023. A total number of $\mathbf{2 , 4 5 0}$ responses were achieved amongst residents across the United Kingdom aged 16+.

## Context

. Ongoing NHS strikes throughout the Winter and Spring of 2023, including nurses and midwives, ambulance staff, and junior doctors.

- Despite reductions in the elective care backlog, the NHS still faces considerable challenges in reducing waiting times.
- Ongoing media coverage of the challenges the NHS is facing, particularly around strikes, and the backlog of cases.
. It should also be noted that fieldwork took place during the coronation of King Charles III, although this is not expected to have an impact on results.


## Sampling and weighting

## Sampling

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

The sample was stratified by country and education. A total of 4,385 panellists were selected and invited to take part in the survey. The selected sample was then reviewed on key demographics to ensure a balanced sample was selected for the survey. A total of 2,450 respondents completed the survey, delivering a response rate of $56 \%$.

## Weighting

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

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

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

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

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## Interpretation of the findings

## Interpretation of quantitative findings

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

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

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

Survey participants are permitted to give a 'don't know' answer to most of the questions and these responses are not excluded from the analysis. These responses are referred to in the report where they form a substantial proportion.
Where percentages do not sum to 100, this is due to computer rounding, the exclusion of 'don't know' categories, or participants being able to give multiple answers to the same question. Throughout the report an asterisk (*) denotes any value of less than half of one per cent but greater than $0 \%$.

## Expectations Tracker

## Background to the Expectations Tracker

## It remains important to track expectations as the NHS continues recovery

The NHS and social care sector are currently dealing with an unprecedented pace of change brought about by the COVID-19 pandemic and current economic crisis, as well as addressing challenges that were already surfacing pre-pandemic. The NHS and social care sector continue to be under exceptional pressure, including addressing the elective care backlog and delivering services amidst strikes. This is likely impacting on both expectations and perceptions of the NHS and social care.

The Expectations Tracker provides evidence around how expectations continue to shift. It tracks perceptions of the standard of care over the last 12 months and upcoming 12 months for both the NHS and social care. In addition, it tracks the following challenges within the NHS specifically, which have been identified as being important to the public and/or key challenges for the NHS, or that could be in the future:

| Quality of care | Access | Staff |
| :---: | :---: | :---: |
| Standard of care in your GP practice | Access to GP services | Wellbeing of NHS staff |
| Standard of care at your hospital | Waiting times for routine services such as diagnostic tests or operations | Pressure on/workload of NHS staff |
|  | Waiting times for A\&E |  |

Views of recent and likely future performance of these challenges is being tracked six-monthly.

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## The public tend to believe the general standard of care in the NHS has got worse over the last 12 months, although slightly fewer believe it will continue to get worse in the next 12 months

Two-thirds of the public think the general standard of care has got worse over the last 12 months (66\%) while a little over half think it will continue to get worse over the next 12 months (54\%)

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


May 23

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


## While views towards the general standard of care in the NHS over the past 12 months remain stable from November 2022, the public are comparatively more optimistic towards the next 12 months

The public are less likely to think NHS services will get worse in the next 12 months in May 2023 (54\%) than in November 2022 (62\%), although overall views remain negative

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

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



Got/get worse
About the same

Got/get better
Tracked for The Health Foundation
$\wedge$ Sig. difference v from Nov 22

Bases: The Health Foundation surveys, "What does the NHS think about NHS and social care services" May 2017: 1,985* done via CAPI। "General Election 2019 poling" Nov 2019: 1,990* done via CAPI |"COVID-19 survey" May 2020: 1,983* done via telephone | KP survey, March 2021: 3,488 | Nov 2021: 2, 102 | May 2022: 2,068 | Nov 2022: 2,063 | May 2023: 2, 450. *Please note that findings from May 2020 and before were collected using a different methodology and so comparisons should be treated with caution. Findings for March 2021, November 2021, May 2022, November 2022 and May 2023 were collected using the same methodology and can be directly compared.
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## Views towards the standard of care in the NHS differ by age, education, and working status in particular

For example, those who are older or not working full-time tend to be more optimistic, whilst those who are middleaged, working full-time and graduates all tend to be more pessimistic

Over the last and the next 12 months
Only the last 12 months
Only the next 12 months


Those who are not working full-time, earn up to $£ 25,999 \mathrm{k}$, or are aged $\mathbf{7 5 +}$ are more likely to think services have got better and will continue to get better compared with the average.

Those who have used GP practice or GP out of hours in the last 12 months (6\%), live in the North West region (9\%), or live in the most deprived areas ( $9 \%$ ), are all more likely to think the standard of care has got better over the last 12 months compared with the average (5\%).

Those who have used any NHS service in the last 12 months (12\%), non-graduates (14\%), and who live in the North region (15\%), are all more likely to think the standard of care will get better in the next 12 months compared with the average (11\%).

Those aged 55-64, working full-time, graduates, who work in managerial, administrative and professional occupations, or intend to vote Labour, are all more likely to think services have got worse and will continue to get worse compared with the average.

Those who live in Scotland (76\%) are more likely to think the standard of care has got worse over the last 12 months compared with the average (66\%).

Those aged 35-54 (60\%) or live in the West Midlands region (59\%), are all more likely to think the standard of care will get worse in the next 12 months compared with the average (54\%).

## The public think most aspects of the NHS

 have got worse over the past year, particularly pressure on NHS staff, waiting times for routine services, and wellbeing of NHS staffGenerally however, these views have remained stable from November 2022.


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


## Perceptions towards the wellbeing and pressure on NHS staff appear to differ by voting intention, level of education, NHS worker status and region

However, there were few consistencies across demographic groups in their views towards which aspects of the NHS have got better or worse

Demographic differences
Generally, those between the ages of 55-74 or from a White ethnic background are more likely to think nearly all aspects of the NHS have got worse over the last 12 months compared with the average.

Those who intend to vote Labour and live in the least deprived areas are more likely to think aspects linked to NHS staff (including well-being and pressure) have got worse compared with the average.

## Education and social class

Graduates are more likely to think aspects linked to NHS staff, such as NHS wellbeing and the pressure on or workload of NHS staff, have got worse over the last 12 months compared with non-graduates.

Use of services and worker status
Those who have used any NHS service or any social care service in the past 12 months are more likely to think services have got better over the last 12 months compared with the average.

NHS workers are more likely to think the wellbeing of NHS staff has got much worse over the last 12 months compared with the average ( $51 \%$ compared with $40 \%$ ), although a minority are also more likely to think it has got better (10\%) compared with the average (4\%).

## Regional differences

Those living in the West Midlands are more likely to think aspects linked to NHS staff have got better over the last 12 months compared with the average.

Those living in Wales are more likely to think waiting times for A\&E and routine appointments have got worse over the last 12 months compared to average.

> The public are more optimistic about the future of most aspects of the NHS compared with November 2022, although overall views still tend to be negative

They are significantly less likely to think the pressure and wellbeing on NHS staff ( $68 \%$ ), waiting times for routine services ( $64 \%$ ) and A\&E ( $64 \%$ ), as well as the standard of care at their hospital ( $41 \%$ ), will get worse in the next year than they were in November 2022. v from Nov 22

And looking towards the future, to what extent do you think each of the following will get better, will get worse or will stay about the same over the next 12 months?

| Statement | May 23 results | Nov 22 | May 22 | Nov 21 |
| :---: | :---: | :---: | :---: | :---: |
| Standard of care at your GP practice | 7\% | 8\% | 13\% | 12\% |
|  | 40\% | 43\% | 36\% | 42\% |
| Standard of care at your hospital | 6\% | 6\% | 13\% | 11\% |
|  | 41\% ${ }^{\text {V }}$ | 48\% | 35\% | 38\% |
| Access to GP services | 9\% | 8\% | 15\% | 14\% |
|  | 53\% | 56\% | 46\% | 50\% |
| Wellbeing of NHS staff | 8\% | 7\% | 15\% | 12\% |
|  | 60\% ${ }^{\text {V }}$ | 67\% | 51\% | 60\% |
| Waiting times for A\&E | 6\% | 6\% | 12\% | 10\% |
|  | 63\% ${ }^{\text {V }}$ | 69\% | 53\% | 59\% |
| Waiting times for routine services | 9\% | 8\% | 16\% | 12\% |
|  | 64\% ${ }^{\text {V }}$ | 68\% | 56\% | 63\% |
| Pressure or workload on NHS staff | 6\% | 5\% | 13\% | 9\% |
|  | 68\% ${ }^{\text {V }}$ | 74\% | 61\% | 67\% |

## Views towards the different aspects of the NHS over the next 12 months seem to consistently be divided by age, income, voting intention, use of NHS and education

Demographic differences
Generally, those aged 35-44, who are working full-time, or intend to vote Labour, are more likely to think nearly all aspects of the NHS will get worse in the next 12 months compared with the average.

Those aged $75+$, earning up to $£ 25,999 k$, and intend to vote Conservative, are more likely to think nearly all aspects of the NHS will get better in the next 12 months compared with the average.

## Regional differences

Those living in Northern Ireland are more likely to think nearly all aspects of the NHS will get worse in the next 12 months compared with the average.

Use of services and worker status
Overall, those who tend to be heavier users of NHS services are more likely to think nearly all aspects of the NHS will get worse in the next 12 months compared with the average.

## Education and social class

Graduates are more likely to think nearly all aspects of the NHS will get worse in the next 12 months compared with the average.

## The public are less pessimistic about the standard of social care services over the last and coming 12 months than they were in November 2022

Fewer members of the public think the standard of social care has got worse or will get worse over the last and coming 12 months, although overall views are still negative

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

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


Got/get worse
About the same

Got/get better
Tracked for The Health Foundation
$\wedge$ Sig. difference v from Nov 22

Bases: The Health Foundation COVID-19 survey, May 2020: 1,983* done via telephone | KP survey, Nov 2021: 2,102 | May 2022: 2,068 | Nov 2022: 2,063 | May 2023: 2,450. * Please note that findings from May 2020 and before were collected using a different methodology and so comparisons should be treated with caution. Findings for March 2021, November 2021, May 2022, November 2022 and May 2023 were collected using the same methodology and can be directly compared.

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## Views towards the standard of social care tend to differ by age, education, ethnic minority, and use of social care services

For example, younger age groups tend to be more positive about social care services, while those from middle to older age groups tend to be more negative

Over the last and next 12 months

Those aged 16-24*, who are from an ethnic
 minority background, or have personally used any social care service in the last 12 months, are all more likely to think social care services will get better and will continue to get better compared with the average.

Those who say they would not vote at the next election (6\%) or who are social care workers (6\%), are all more likely to think social care services have got better in the last 12 months compared with the average (3\%).

Those who are not working full-time (6\%), or have friends and family who are NHS workers (8\%), are more likely to think social care services will get better in the next 12 months compared to the average (5\%).

Those aged 55-64, who are from a White ethnic background, work in managerial, administrative and professional
 occupations, intend to vote Labour, have used any NHS service in the last 12 months, or have a have a health problem or disability, are all more likely to think social care services have got worse and will continue to get worse compared with the average.

Those aged 55+ (67\%) or who live in rural areas ( $64 \%$ ), are all more likely to think social care services have got worse in the last 12 months compared with the average (59\%).

Those aged 45-54 (57\%), who are working full-time (55\%), are graduates (58\%), or are NHS workers ( $62 \%$ ), are all more likely to think social care services will get worse in the next 12 months compared with the average (52\%).

## The public are less pessimistic about the overall level of health among the public, both over the last and next 12 months

They are less likely to think the public's overall level of health will get worse in the next 12 months in May 2023 (50\%) than in November 2022 (61\%), although are still pessimistic overall

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


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

Bases: All participants, May $2023 n=2,4505^{\text {th }}-10^{\text {th }}$ May 2023, Nov $2022 n=2,06324^{\text {th }}-30^{\text {th }}$ November 2022, May $2022 n=206826^{\text {th }}$ May $-1^{\text {st }}$ June 2022 All conducted online via KnowledgePanel UK.

## Views towards the health of the public tend to differ by age, education, country or region

For example, those who are graduates tend to be more pessimistic overall, while non-graduates tend to be more optimistic about the next 12 months

## Over the last and next 12 months

Those who are aged 16-24* or have used any social care service in the last 12 months are more likely to think the overall health of the public has got better and will continue to get better compared with the

Those who live in Northern Ireland (16\%), are small employers and own account workers (14\%), or would not vote in the next election (15\%) are all more likely to think the overall health of the public has got better over the last 12 months compared with the average (8\%).
average.

Last 12 months

|  | Those who are aged 16-24* or have used any social care service in the last 12 months are more likely to think the overall health of the public has got better and will continue to get better compared with the average. | Those who live in Northern Ireland (16\%), are small employers and own account workers (14\%), or would not vote in the next election (15\%) are all more likely to think the overall health of the public has got better over the last 12 months compared with the average ( $8 \%$ ). | Those who are non-graduates (11\%), live in the North of England (13\%), live in urban areas ( $11 \%$ ), or intend to vote Conservative (14\%), are all more likely to think the overall health of the public will get better over the next 12 months compared with the average (10\%). |
| :---: | :---: | :---: | :---: |

Those who are graduates, are in managerial, administrative and区 professional occupations, intend to vote Labour, or are heavier users of NHS services, are all more likely to think the overall health of the public has got worse and will continue to get worse compared with the average.

Those who live in Wales (75\%), or have a health problem or disability (72\%), are all more likely to think the overall health of the public has got worse over the past 12 months compared with the average (64\%).

Those who are aged 25-34 (58\%) or 45-64 (57\%), working full-time (54\%), or intend to vote for a party other than Conservative, Labour, Liberal Democrat, or Green Party (60\%), are all more likely to think the overall health of the public will continue to get worse in the next 12 months compared with the average (50\%).

# General views on the NHS and its founding principles 

By some distance, the NHS is the aspect that makes self-identified British citizens most proud to be British - at just over half

The groups who are particularly likely to say the NHS makes them proud to be British include:

- Younger people (aged 16-44; 64\%)
- Those living in the most deprived areas (65\%)
- Those who intend to vote Labour (71\%)
- Those who tend to be heavier users of NHS services (69\%)
- NHS workers (68\%)

The groups who are less likely to say the NHS makes them proud to be British include:

- Those aged 55+ (44\%)
- Those living in the least deprived areas (48\%)
- Those who intend to vote Conservative (31\%) or an 'other' party that is not Labour, Liberal Democrat, Green Party or Conservative (42\%), or are undecided (43\%)

Which two or three of the following, if any, would you say makes you most proud to be British?


## Feelings of pride about the NHS have generally remained high over the last decade

However, findings from previous surveys were collected using a different methodology, and so comparisons should be treated with caution

Which of the following, if any, makes you most proud to be British? [only showing \% selected 'The NHS']


[^0] 5 th - 10th May 2023. *Note: Findings from 2022 and before were collected using a different methodology, and so comparisons should be treated with caution.

## Among members of the public who say the NHS is something that makes them proud to be British, the founding principles are the most frequently mentioned reasons

When asked what is it about the NHS that makes them proud to be British via a free text question, the top two reasons are related to the NHS model. Specifically, over half ( $55 \%$ ) are proud that it is free, and over one-third $(36 \%)$ are proud that it is available to everyone.
Other reasons listed are linked to the perceived quality of the NHS, including its staff ( $14 \%$ ) as well as it being the best in the world ( $10 \%$ ).

What is it about the NHS that makes you proud to be British? (free text)


## The public do not think their government* has the right policies for the NHS, but perceptions of the quality of NHS services locally and nationally are more mixed

The majority ( $65 \%$ ) do not think their government* has the right policies for the NHS, while two-fifths (43\%) do not think the NHS is providing a good service nationally. However, around two-fifths (39\%) agree the NHS is providing a good service locally - with $33 \%$ disagreeing that it does.
To what extent do you agree or disagree with the following statements?


The NHS is providing a good service nationally


My local NHS is providing me with a good service


Neither agree
nor disagree
Agree
Don't know

The UK/ Scottish/ Welsh/ Northern Irish government* has the right policies for the NHS

Compared with
November 2022, fewer members of the public disagree the NHS is providing a good service nationally, locally, and the government has the right policies for the NHS

Instead, the public are more likely to neither agree nor disagree that these aspects have stayed the same from November 2022.

To what extent do you agree or disagree with the following statements?


## Historically, public perceptions in England of the quality of local and national NHS services, as well as government policies, are low

Findings from 2016 and before were collected using a different methodology, and so comparisons should be treated with caution.
To what extent do you agree or disagree with each of the following statements?

*Winter 2003 - Winter 2016: Ipsos MORI/Department of Health Perceptions of the NHS Tracker, Adults aged 16+ in England, face-to-face, c. 1000 per wave* / KP survey, England participants Nov 2021: caution. Findings from Winter 2021 - present were collected using the same methodology, and findings are directly comparable. Findings are for England only.

## Views of the NHS's performance are divided by age and voting intention

Those who intend to vote Conservative agree with government policies where those who intend to vote Labour, Liberal Democrat or Green Party disagree

## Demographic differences

Those aged 16-24* (24\%) or who intend to vote Conservative (20\%) or a party which is not Conservative, Labour, Liberal Democrat, or Green Party ( $26 \%$ ) are more likely to agree the government has the right policies for the NHS compared with the average (11\%). Conversely, those who intend to vote Labour (81\%), Liberal Democrat (80\%) or Green Party (77\%) are more likely to disagree compared with the average (65\%).

Those aged 16-34 (43\%) are more likely to agree the NHS is providing a good service nationally compared with the average (33\%), while those aged 55+ (49\%) are more likely to disagree (43\%).

## Regional differences

Those living in Scotland (32\%) and Wales (22\%) are more likely to agree their governments have the right policies in place for the NHS compared with the average (11\%). Conversely, those living in England (68\%) are more likely to disagree their government has the right policies in place for the NHS compared with the average ( $65 \%$ ).


Use of services and worker status
Those who have used any NHS service in the last 12 months ( $41 \%$ ) are more likely to agree the NHS is providing a good service locally compared with the average (39\%).

Conversely, those who have not used NHS services in the last 12 months (24\%) are less likely to be agree the NHS is providing a good service locally compared with the average (39\%).

## Education and social class

Graduates (48\%), those living in the least deprived areas (49\%), or those in managerial, administrative and professional occupations (47\%) are more likely to disagree the NHS is providing a good service nationally compared with the average ( $43 \%$ ).

Those living in Northern Ireland (56\%) are more likely to disagree the NHS is providing a good service nationally (43\%).

Addressing the pressure on NHS staff and increasing the number of staff continue to be the public's top priorities for the NHS

Overall, the public's priorities remain consistent with views in November 2022, with the exception of improving A\&E waiting times (down from 31\% to $26 \%$ ).

[^1]When it comes to the NHS, which two or three of the following do you think should be prioritised?


## There are several differences in how different groups prioritise 'addressing pressure / workload', 'increasing staff' and 'improving waiting times for routine services'

## Priority Group differences

Addressing the pressure on or workload of NHS staff

Increasing the number of staff in the NHS

Improving waiting times for routine services such as diagnostic tests or operations

Those who intend to vote Labour (50\%) and Green Party (52\%), NHS workers (46\%), graduates (45\%) or those who have used an NHS service in the last year (42\%), are all more likely to prioritise this compared with the average (40\%).

Those aged 65+ (45\%), those who intend to vote Labour (44\%) and Green Party (54\%), those who use any NHS service (40\%), or those from a White ethnic background (41\%), are more likely to prioritise this compared with the average (39\%).

Those aged 45+ (40\%), those who intend to vote Conservative (45\%), women (36\%), those from a White ethnic background (35\%), those living in Scotland ( $48 \%$ ), or living in rural areas ( $40 \%$ ), are more likely to prioritise this compared with the average (34\%).

## Just under three-

## quarters of the public

## think that the NHS is crucial to British society, and we must do everything to maintain it

However, those who think the NHS is crucial to British society, and we must do everything to maintain it, has dropped from 77\% in May 2022 to $72 \%$ in May 2023. Similarly, those who think the NHS is a great project, but we probably can't maintain it in its current form have increased from 21\% in May 2022 to a 26\% in May 2023.

Which of the following statements best reflects your thinking about the NHS?
^ Sig. difference
v from May 22

## Historically, those who think the NHS is crucial to British society and we must do

 everything to maintain it, is low, although still in the majority (data is England only)Findings from 2017 and before were collected using a different methodology, and so comparisons should be treated with caution.

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


## When asked about the NHS in 10 years' time, in general, the public think people will have to pay for healthcare services that are currently free to some extent

Only one-quarter (25\%) think healthcare will generally be free at the point of delivery, as it is now. In contrast, half (51\%) think people will have to pay for some healthcare services that are currently free. A minority of the public think that people will either have to pay for most ( $13 \%$ ) or all (7\%) healthcare services in 10 years' time.

Which of the following statements best describes what you think healthcare will be like in the UK in 10 years' time?


Healthcare will generally be free at the point of delivery, as it is now

People will have to pay for some
healthcare services that are currently free

People will have to pay for most healthcare services that are currently free

People will have to pay for all healthcare services

## Views towards the NHS and where it will be in 10 years' time tend to differ by age, voting intention, level of deprivation, and worker status

For example, those who intend to vote Conservative are more likely to think it was a great project but can't be maintained, while those who intend to vote Labour are more likely to think the NHS is crucial to British society

## Demographic differences

Those who are aged 55+ or intend to vote Conservative are more likely than average to both think the NHS was a great project but probably can't be maintained in its current form and that people will have to pay for some healthcare services in 10 years' time which are currently free. Those aged 16-44 are more likely to think we will have to pay for most or all healthcare services compared with the average.

Those who intend to vote Labour (86\%) or Green Party (92\%) are more likely to think the NHS is crucial to British society and must be maintained compared with the average (72\%).

## Regional differences

Those living in Scotland (37\%) are more likely to think healthcare will generally be free at the point of delivery as it is now in 10 years' time compared with the average (25\%); those living in Northern Ireland are more likely to think people will have to pay for most ( $22 \%$ ) or all (14\%) healthcare services compared with the average ( $13 \%$ and $7 \%$ respectively).

## Worker status

NHS workers (18\%) are more likely to think people will have to pay for all healthcare services in 10 years' time compared with the average (7\%)

## Education and social class

Those living in the most deprived areas (77\%) are more likely to think the NHS is crucial to British society and we must do everything to maintain it compared with the average ( $72 \%$ ), while those living in the least deprived areas (33\%) are more likely than average to think the NHS was a great project but we probably can't maintain it in its current form (26\%).

## The public think lack of funding, staff shortages and poor government policy are the main causes for the strain NHS services are under

Around two in five of the public think a lack of funding (40\%) and staff shortages (38\%) are key reasons, while one-third (35\%) point to poor government policies as a main cause.

There have been many reports in the media recently about the strain that NHS services are under.

Which of the following, if any, do you think are the main causes of this?

Bases: All participants, May $2023 n=2,4505^{\text {th }}-10^{\text {th }}$ May 2023. All conducted online via KnowledgePanel UK

Statement May 23 results


# Views towards the reason why the NHS is under strain differ by age, voting intention, and level of deprivation 

For example, those who intend to vote Conservative are more likely to see the main causes as being within the NHS and external pressures, whereas those intending to vote Labour are more likely cite issues relating to the government

## Demographic differences

Those who intend to vote Labour are more likely to see a lack of funding (58\%), poor government policy (52\%) and Brexit (23\%) as reasons for the strain the NHS is under; asides from Brexit, these are generally in line with the average. Those who intend to vote Conservative are more likely to cite poor NHS management (43\%), the demands of an ageing population (37\%), and NHS inefficiency (32\%); these are generally not in line with the average.

Those aged 55+ are more likely to cite poor NHS management (36\%), the demands of an ageing population ( $30 \%$ ) and a lack of social care capacity (30\%). Those aged 16-44 are more likely to cite a lack of funding ( $51 \%$ ) as a cause of NHS strains.

## Regional differences

Those living in Northern Ireland are more likely to see poor government policy as a cause ( $49 \%$ ), while those living in Scotland are more likely to see Brexit as a cause (27\%), although their main priorities are in line with the average.

Use of services and worker status
Those who use any NHS services are more likely to think a lack of funding ( $41 \%$ ), poor government policy (36\%), a lack of social care capacity ( $21 \%$ ) are reasons for the strain the NHS is under and are generally in line with the average.

NHS workers and friends / family of NHS workers are more likely to cite staff shortages ( $43 \%$ and $42 \%$ respectively).

## Education and social class

Graduates are more likely to think a lack of funding (45\%), poor government policy (40\%), and Brexit (22\%) are causes; asides from Brexit, these are generally in line with the average..

Those living in the most deprived areas are more likely to cite a lack of funding (47\%) and Covid-19 (23\%) as causes for the NHS's strain, while those living in the least deprived areas are more likely to cite increased demand from an ageing population (29\%) and a lack of social care capacity ( $26 \%$ ) as causes.

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## The public are divided

## as to whether the

NHS is prepared to respond to future pandemics, and are generally pessimistic about the NHS' preparation for other future challenges
Just under half (46\%) of the public think the NHS is not well prepared to respond to future pandemics. Regarding other areas, the public think the NHS is least prepared to meet the increasing health demands of an ageing populations (77\%), followed by respond to the impacts of climate change (61\%), and keep up with new technologies (51\%).

Very well /
fairly well preparedNot very well /
Not at all prepared

I don't think the NHS needs
to prepare for this

Keep up with new technologies, such as Artificial Intelligence, to improve treatment
and care for patients

Respond to the impacts of climate change, e.g. the impact of heat waves and floods on people and services

| Meet the increasing health demands of an ageing population | 17\% | 77\% | 2\% |
| :---: | :---: | :---: | :---: |

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# Whether the NHS is prepared for different factors tends to differ by age, education, or voting intention 

## Area of preparation

Respond to future pandemics

Keep up with new technologies such as AI to improve treatment for patients

Respond to the impacts of climate change e.g. the impact of heat waves and floods on people and services

Meet the increasing health demands of an ageing population

## Group differences

Those who are aged 65-74 (52\%), from white ethnic backgrounds (49\%), live in the North East (62\%), or intend to vote Conservative (59\%) are more likely to think the NHS is prepared for this than average (47\%). Conversely, those working full-time (49\%), graduates (51\%), live in Wales (58\%), or intend to vote Labour (51\%) are more likely to think the NHS is not prepared compared with the average (46\%).

Those who are non-graduates (30\%), live in the North of England (33\%), or are NHS workers (45\%) are more likely to think the NHS is prepared for this than average (28\%). Conversely, men (54\%), those who are working full-time (56\%), graduates (58\%), have a household income above $£ 52 \mathrm{k}$ (61\%), live in the least deprived areas (57\%), or are in managerial, administrative and professional occupations (55\%), are more likely than average to think the NHS is not prepared (51\%).

Those who are aged 45-54 (26\%), non-graduates (22\%), have a household income up to £25,999k (23\%), live in the North or Midlands region of England ( $24 \%$ and $25 \%$ ) or in the most deprived areas ( $25 \%$ ), intend to vote Conversative ( $28 \%$ ) or would not vote ( $28 \%$ ) are more likely to think the NHS is prepared for this than average (19\%). Conversely, those aged 25-44 (67\%), working full-time (66\%), graduates (68\%), live in the South of England (64\%), or intend to vote Labour (70\%) or Green Party (77\%) are more likely than average to think the NHS is not prepared for this (61\%)

Those who are aged 16-34 (29\%), from ethnic minority backgrounds (24\%), live in the North East region (32\%), intend to vote Conversative (24\%) or would not vote (29\%), are more likely to think the NHS is prepared for this than average (17\%). Conversely, those aged 45+ (83\%), from white ethnic backgrounds (79\%), graduates (84\%), are in managerial, administrative and professional occupations (82\%), or intend to vote Labour (81\%), Liberal Democrat (86\%), or Green Party (87\%) are more likely than average to think the NHS is not prepared (77\%).

## General views on social care

## The public remain divided about social care services in their area, and around two-thirds still think that the government does not have the right policies in place for social care <br> Public opinion about social care services in their local areas and government social care policies remains largely unchanged in May 2023 from November 2022.

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


## Views towards social care services tend to differ by age, region and voting intention

For example, those living in the North East of England tend to agree social care services are good and the government has the right policies, whilst those in Northern Ireland tend to disagree.


Those aged 16-24*, from an ethnic minority background, or who live in the North East of England are more likely to agree that social care services in their area are good and the government has the right policies, compared with the average.
Those who intend to vote Conservative (12\%) are more likely to agree that the government has the right policies for social care compared with the average ( $6 \%$ ), though this remains a minority.


Those who work in managerial, administrative and technical occupations, live in Northern Ireland, have a health problem or disability, or intend to vote Labour are more likely to disagree that social care services in their area are good and the government has the right policies, compared with the average.

Those aged 45-64 (39\%), who are working full-time (37\%), or live in Wales (44\%) are more likely to disagree that social services in the area are good compared with the average (33\%). Those aged 55-74 (70\%), graduates (76\%), or live in the South West of England (70\%) are more likely to disagree that the government has the right policies for social care compared with the average (63\%).

## Improving pay and conditions for social care staff, and making it easier for health and social care services to work together, are the public's top priorities for social care <br> Over two-fifths of the public (42\%) think improving pay and conditions should be prioritised, followed closely by making it easier for health and social care services to work together (37\%), increasing the number of staff (32\%), and increasing support for people who provide care for friends and family members (32\%).

When it comes to the social care, which two or three of the following do you think should be prioritised?


## There are differences in how groups prioritise certain areas of social care services

| Priority | Group differences |
| :---: | :---: |
| Improving pay and conditions for social care staff | Graduates ( $48 \%$ ), those who personally work in social care* ( $55 \%$ ), or those who intend to vote for Labour ( $51 \%$ ), the Liberal Democrats ( $51 \%$ ) or the Green Party ( $52 \%$ ), are more likely to prioritise this than average ( $42 \%$ ). |
| Making it easier for health and social care services to work together to provide care and support | Graduates ( $43 \%$ ), those aged $55+(46 \%)$ or who live in the least deprived areas ( $43 \%$ ) are more likely to prioritise this than average (37\%). |
| Supporting people to be independent by providing more care services in people's own homes | Women $(31 \%)$, those aged $55+(39 \%)$, who live in the South West of England ( $37 \%$ ) or rural areas $(37 \%)$, or those who intend to vote Conservative ( $41 \%$ ), are more likely to prioritise this than average $(28 \%)$. |
| Providing state protection against people paying high care costs for using social care services | Those aged 65-74 (28\%) or who live in the North East of England (34\%) are more likely to prioritise this than average (22\%). |
| Making more people eligible for free care services | Those from ethnic minority backgrounds (24\%) or those live in the most deprived areas ( $20 \%$ ) are more likely to prioritise this than average (14\%). |
| *Please treat with caution due to a small number of participants answering (68) <br> 5 © \|psos | Health Foundation - Policy Polling Programme Report W4 | S | $\qquad$ |

## Roughly half of the public think it is unfair that social care is largely means tested

The public are more likely to think that it is unfair (51\%) as opposed to fair (34\%) that social care is largely means tested, in contrast with NHS services.

Women (54\%), those aged 55+ (58\%), who personally work for the NHS (62\%) or social care services ( $64 \%$ ), or who intend to vote Labour (56\%) are more likely than average to think it is unfair that social care is largely means tested (51\%).

Those with an annual household income above $£ 100 \mathrm{~K}$ ( $43 \%$ ) or intend to vote Conservative (39\%) are more likely than average to think it is fair that social care is largely means tested (34\%).

At the moment, most NHS services are free at the point of use, paid for by the government through taxation. Social care is largely means tested. How fair or unfair do you think this is?


## Views on private healthcare

## Around four in ten members of the public are likely to pay, or already pay / their company pays for private health insurance

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

Just under a quarter (23\%) of the public are likely to pay, and 15\% already pay or their company already pays. Just under half (47\%) of the public say they are unlikely to pay for private health insurance or private healthcare.

It should be noted that the question wording has been updated since November 2022 to include those whose company pays for private health insurance as well as those who already pay.


## The ability or likelihood to pay for private health insurance remains closely linked to income as well as other associated demographics, such as region, social grade and education



Those aged 55-74 (53\%), who have an annual household income up to £25,999k (64\%), live in Wales (57\%) or the West Midlands (58\%), in the most deprived areas (52\%), work as small employers and own account workers (57\%) or lower supervisory and technical occupations (62\%) or in semi-routine and routine occupations (56\%), would not vote at the next election (58\%) or have a health problem / disability (58\%), are all more unlikely to pay for private health insurance or healthcare than the average (47\%).

## Views on NHS net zero

The public generally think the NHS has a responsibility to reduce its impact on climate change, although they generally disagree that reducing its impact should be a top priority or that the NHS is contributing to climate change


## Views on whether the NHS is contributing to climate change tend to differ by gender, voting intention, and level of education

Demographic differences
Men or those who intend to vote Conservative are more likely to disagree with all three statements compared with the average. Those who intend to vote Green Party are more likely to agree with all three statements.

## Regional differences

Those who live in the North East of England* are more likely than average to agree that the NHS contributes to climate change ( $30 \%$ compared to 19\% overall).

Those who live in Northern Ireland are more likely than average to agree climate change should be one of the NHS's top priorities ( $25 \%$ compared to $15 \%$ overall).

Use of services and worker status
Those who work for the NHS personally are more likely to think that the NHS contributes to climate change ( $29 \%$ compared to $19 \%$ ) and consequently that this should be a top priority ( $26 \%$ compared to $15 \%$ ).

## Education and occupation

Graduates are more likely to agree with all three statements.

Those working in managerial, administrative and professional occupations (45\%) are more likely to agree that the NHS has a responsibility to reduce its impact on climate change compared with average (39\%), whereas small employers and own account workers (34\%) are more likely to disagree compared with the average ( $25 \%$ ).

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## Awareness of the NHS's aim to be net zero is fairly low, and has fallen since May 2022

Around one-fifth of the public (18\%) say they are aware of the NHS's aims to be net zero, down significantly from May 2022 (23\%). A majority (80\%) are unaware of this policy.

Men (24\%), those aged 16-24* (29\%), or who live in the least deprived areas ( $25 \%$ ), are more likely than average to be aware of the NHS's aim to be net zero compared with the average (18\%).
Those aged 75+ (87\%), who have an annual household income up to $£ 25,999 k$ ( $84 \%$ ) or work in intermediate occupations ( $87 \%$ ) are more likely to be unaware of the NHS's aim to be net zero compared with the average ( $80 \%$ ).

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


## The public generally support the NHS's policy to become net zero, although this has continued to drop from July 2021 to May 2023


#### Abstract

Six in ten (60\%) of the public support the NHS's policy to become net zero and only a small proportion (12\%) oppose it. However, support for the policy has fallen since July 2021 when 70\% supported it.

Graduates (71\%), those who live in Northern Ireland (73\%) or the South East of England (66\%), live in the least deprived areas ( $65 \%$ ), or who intend to vote for the Green Party (85\%), Liberal Democrats (73\%) or Labour (68\%) are more likely to support this policy compared with the average (60\%).

In contrast, those aged 45-64 (15\%), or who intend to vote Conservative (22\%) or for a party other than Labour, Liberal Democrat, Green Party or Conservative (29\%), are more likely to oppose this policy compared with the average (12\%).


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



Don't know
${ }^{\wedge}$ Sig. difference
v from May 22

## Views on funding for the NHS

## The majority of the public continue to think the NHS needs an increase in funding

While $80 \%$ think that the NHS needs an increase in funding, just $17 \%$ think the NHS does not need further funding and should operate within its current budget.

Which of the following statements best reflects your thinking about funding for the NHS?
Those aged 75+ (24\%), who are small employers and own account workers (28\%), or intend to vote Conservative (38\%), are more likely than average to think the NHS should operate within its current budget (17\%).

Women (82\%), those aged 25-34 (86\%), living in the most deprived areas ( $85 \%$ ), who use mental health services (92\%), or who intend to vote Labour (93\%), Liberal Democrat (90\%) or Green Party (90\%), are more likely than average to think the NHS needs an increase in funding ( $80 \%$ ).


The NHS needs an increase in funding

[^2]If the government were to increase spending on the NHS, the public still think it should be paid for through a range of taxes, with the most support for an additional tax that is earmarked for the NHS

Since November 2022, there is less support for an additional tax that is earmarked specifically for the NHS (down from $36 \%$ to 31\%), an increase in National Insurance (down from $25 \%$ to $22 \%$ ), and an increase in Income Tax (down from 25\% to 21\%).
$\wedge$ Sig. difference
v from Nov 22 UK.

Bases: All participants, May $2023 n=2,4505^{\text {th }}-10^{\text {th }}$ May 2023, Nov $2022 n=2,06324^{\text {th }}-30^{\text {th }}$ November 2022, May $2022 n=2,06826^{\text {th }}$ May -1 1st June 2022. All conducted online via KnowledgePane
If the government decided to further increase spending on the NHS, how do you think this should be funded? [showing statements $4 \%$ and above]


## On balance, the public think the UK spends less on healthcare than Germany and France, and are divided about Spain

This is generally in line with how the UK actually compares to these countries. Overall the UK spends less than Germany and France, which the public tend to think as well (48\% and $38 \%$ think they spend less), and more than Spain, where the public are divided (29\% think the spend both more and less).

On average, do you think the UK has spent more, less or about the same on healthcare per person in the past year, compared with the following countries?


## Younger age groups or those who think the standard of care in the NHS has got better over the last 12 months generally tend to think the UK spends more than other countries on healthcare <br> Whereas older age groups, those who are graduates, or intend to vote Labour or Liberal Democrat tend to think the UK spends less than other countries on healthcare <br> France <br> Germany <br> Spain

Those aged 16-34 (29\%), who personally work for the NHS (33\%), or those who think the standard of care provided by the NHS has got better over the last 12 months ( $41 \%$ ) or those who would not vote (31\%) are more likely to think the UK spends more money than France (20\%)

Those aged 16-34 (25\%) or those who would not vote (24\%) are more likely to think the UK spends more money than Germany (16\%).

Those aged 35-44 (36\%) or those who think that the standard of care provided by the NHS has got better over the last 12 months (43\%) are more likely to think the UK spends more money than Spain (29\%).

Those aged 65+ (48\%), graduates (49\%), those who live in Wales (49\%), the South East (45\%) or South West of England (46\%), or intend to vote Liberal Democrat (54\%) or Labour (47\%) are more likely to think the UK spends less money than France (38\%)

Those aged 65-74 (55\%), are graduates (56\%), live in Wales (58\%) or South East of England (55\%), or those who intend to vote Labour (56\%) or Liberal Democrat (64\%)are more likely to think the UK spends less money than Germany (48\%)

Graduates (35\%), those who live in the East of England (35\%), or those who intend to vote Labour (35\%) or Liberal Democrat ( $41 \%$ ) are more likely to think the UK spends less money than Spain (29\%).

## Views on public health and government interventions

## A little over half of those aged 65 and below think they will be in good health when they reach retirement age.

The public are more likely to think they will be in good (55\%) rather than poor health (23\%), but are divided as to whether they think those in their local area who are a similar age will be in good (34\%) or poor health (30\%) health.

We'd now like you to think about your health as you get to retirement age. By retirement age, we mean the standard UK State Pension age, which is currently 66.

## Question

May 23 results

| NET\% |  |
| :--- | :---: |
| Good <br> health | Poor <br> health |

Do you think you will be in good or poor health generally when you reach retirement age?

Do you think those in your local area who are a similar age to you will be in good or poor health generally when they reach retirement age?


| $\begin{array}{l}\text { Very good } \\ \text { health }\end{array}$ | $\begin{array}{l}\text { Fairly good } \\ \text { health }\end{array}$ | $\begin{array}{l}\text { Neither good } \\ \text { nor poor }\end{array}$ |
| :--- | :--- | :--- | health

Fairly poor health

Very poor health

The
Health
Foundation

## The majority of the public who are 66 and above thought they were in good health when they retired. Fewer thought those in their local area were in good health at retirement age, although this is still a majority

Of those aged 66 and above, 87\% think they were in good health when they reached retirement age, whereas only $7 \%$ thought they were in poor health.

Please think now about your health and people's health more generally as you reached retirement age. Do you think you were in good or poor health generally when you reached retirement age?


Do you think you were in good or poor health generally when you reached retirement age?


Do you think those in your local area who are a similar age to you were in good or poor health generally when they reached retirement age?


| Very good |
| :--- | :--- | :--- | :--- | :--- | :--- |
| health |$\quad$| Fairly good |
| :--- |
| health | | Neither good |
| :--- |
| nor poor |
| health |$\quad$| Fairly poor |
| :--- |
| health |$\quad$| Very poor |
| :--- |
| health |$\quad$| Don't |
| :--- |
| know |

Health Foundation

## Views on health at retirement age appear to differ most prominently by country, region, annual household income, level of deprivation and occupation

## All who are 65 and below:

Who think they will be in good health
Graduates (69\%), those aged
$55-65(69 \%)$, who have an
annual household income
above $£ 52 \mathrm{~K}(68 \%)$, live in the
South East $(66 \%)$ or South
West of England (65\%), in the
least deprived areas (70\%),
have managerial,
administrative and
professional occupations
(63\%), or intend to vote
Conservative ( $79 \%$ ), are more
likely than average to think that
they will be in good health when
they reach retirement age
(55\%).

Who think they will be in poor health
Those with no formal qualifications (40\%), who have an annual household income up to $£ 25,999 k$ ( $36 \%$ ), live in Scotland (33\%) or the North East of England (45\%), in the most deprived areas (31\%), have semi-routine and routine occupations (34\%) or are longterm unemployed or never worked* ( $41 \%$ ), use mental health ( $46 \%$ ) or social care services (49\%), or have a health problem or disability (57\%), are all more likely than average to think they will be in poor health when they reach retirement age (23\%).

## All who are 66 and above:

Who think they were in good health
Who think they were in poor health

## Those who live in the South

 West of England* (95\%) or live in the least deprived areas (92\%) are more likely to think they were in good health when they reached retirement (87\%).Those who live in the most deprived areas* (17\%), are in lower supervisory and technical occupations* (15\%), or have a health problem or disability (15\%), are more likely than average to think they were in poor health when they reached retirement (7\%).

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## Half of the public do not think the government has the right policies in place to improve public health

The public are significantly less likely to disagree that the government has the right policies in place in May 2023 (49\%) compared with November 2022 (54\%). However, those who agree the government has the right policies in place remains relatively small (16\%).

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


## Those who are more affluent, use NHS services, are NHS workers, or intend to vote Labour, Green Party or Liberal democrat tend to have more negative views of government policies

Demographic differences
Those aged 25-34 (56\%), or those who intend to vote Labour (62\%), Liberal Democrat (58\%) or the Green Party (60\%), are more likely than average to disagree that government has the right policies in place to improve public health (49\%).

Those who intend to vote Conservative are more likely than average to be neutral (44\%) or agree (29\%) that the government has the right policies in place ( $28 \%$ and $16 \%$ respectively).

## Education and social class

Graduates (58\%) are more likely than average to disagree the government have the right policies in place compared with non-graduates ( $46 \%$ ) and overall (49\%).

## The public tend to think the government has the most responsibility for reducing harm from smoking

There is the strongest consensus among the public that the government has a great deal / fair amount of responsibility for reducing harm from smoking ( $80 \%$ ).
The public see the government has as much responsibility for reducing levels of gambling-related harms ( $67 \%$ ) as reducing levels of alcoholrelated harms (70\%).

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


[^3]Not very much / ^ Sig. difference
No responsibility
v from Nov 22

> The public generally think the government is more effective at reducing harms from smoking, yet not effective at reducing alcohol-related or gambling-related harms

The public see the government as equally effective at reducing levels of gambling-related harms (21\%) as reducing levels of alcohol-related harms (25\%).

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



[^4]
## Whilst graduates are more likely to think the government has been effective at reducing harm from smoking, they do not think it has been effective at reducing levels of alcohol or gambling-related harm

Those who intend to vote Conservative think the government has been more effective at addressing all areas asked about.

## Responsibility

Effectiveness

Graduates or those who intend to vote Labour tend to think the government should have more responsibility for all of these areas of health. Those who live in Northern Ireland or those who intend to vote Green Party are more likely to think the government should have more responsibility for reducing harm from smoking and alcohol-related harm

Those who intend to vote Conservative tend to think the government has been effective at addressing all areas asked about. Graduates (66\%), those aged 55+ (67\%), who live in Northern Ireland (72\%) or have intermediate occupations (67\%), are more likely to think the government has been effective at reducing harm from smoking. Those living in the Midlands (30\%) are more likely to think the government has been effective at reducing levels of alcohol-related harm.


Those in semi-routine and routine occupations or intend to vote Conservative are less likely to think the government should have responsibility across all of these areas of health. Those living in Wales (35\%) are less likely to think the government has responsibility for reducing levels of gambling-related harm (26\%).

Those who intend to vote Labour are less likely to think the government has been effective at addressing all areas asked about. Graduates or those who intend to vote Green Party are more likely to think the government has not been effective at reducing levels of alcohol or gambling-related harm. Those aged 16-24* (54\%) are more likely than average to think the government has not been effective at reducing harm from smoking (37\%).

## On balance, the public support local authorities having more responsibility for implementing policies to reduce harm from tobacco, alcohol and unhealthy food

Those who intend to vote Labour, Liberal Democrat or Green Party are more likely to support local authorities having more responsibility, whereas those who intend to vote Conservative are more likely to oppose this.

At the moment, responsibility for public health is shared between the government and local authorities. This means local authorities have limited powers to implement policies that limit harm from alcohol, tobacco, and unhealthy food. Some experts think local authorities should have more power to implement these policies, so they can be tailored to address the needs of the local population. Others say these decisions should stay as the responsibility of national government, so policies address the needs of the whole population.

To what extent do you support or oppose local authorities having more responsibility for implementing policies to reduce harm from tobacco, alcohol, and unhealthy food?


Those aged 55+ (25\%), graduates (25\%), those who live in Wales (29\%) or intend to vote Conservative (29\%), are more likely to oppose local authorities having more responsibility than average (21\%).

## Appendix: Detailed Methodology



## Detailed methodology

## UK KnowledgePanel: Technical Notes

## Recruitment to the panel

Panellists are recruited via a random probability unclustered address-based sampling method. This means that every household in the UK has a known chance of being selected to join the panel. Letters are sent to selected addresses in the UK (using the Postcode Address File) inviting them to become members of the panel. Invited members are able to sign up to the panel by completing a short online questionnaire or by returning a paper form. Up to 2 members of the household are able to sign up to the panel. Members of the public who are digitally excluded are able to register to the KnowledgePanel either by post or by telephone, and are given a tablet, an email address, and basic internet access (see further information below) which allows them to complete surveys online.

## Conducting the survey

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

## Detailed methodology

## UK KnowledgePanel: Technical Notes

## Sample and weighting information

This study was conducted on the KnowledgePanel between $\mathbf{5}^{\text {th }} \mathbf{- 1 0 ^ { \text { th } }}$ May 2023. In total 2,450 interviews were achieved with residents across the United Kingdom aged 16+.

## Stratification

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

The sample was stratified by country/education.
A total of 4,385 panellists in the United Kingdom aged 16+ were selected and invited to take part in the survey.
Of these, 2,450 respondents completed the survey - a response rate of $56 \%$.

## Detailed methodology

## UK KnowledgePanel: Technical Notes

## Weighting

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

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

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

Two sets of calibration weights are applied:

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


## Detailed methodology

## UK KnowledgePanel: Technical Notes

The below tables present the weighting profile targets:

| Age \& Gender | Male | Female | In <br> another <br> way | Prefer not <br> to say |
| :---: | :---: | :---: | :---: | :---: |
| $16-24$ | $6.7 \%$ | $6.3 \%$ | $0.1 \%$ | $0.0 \%$ |
| $25-34$ | $8.3 \%$ | $8.2 \%$ | $0.1 \%$ | $0.0 \%$ |
| $35-44$ | $7.6 \%$ | $7.8 \%$ | $0.2 \%$ | $0.1 \%$ |
| $45-54$ | $8.2 \%$ | $8.4 \%$ | $0.0 \%$ | $0.0 \%$ |
| $55-64$ | $7.3 \%$ | $7.6 \%$ | $0.0 \%$ | $0.2 \%$ |
| $65-74$ | $5.9 \%$ | $6.4 \%$ | $0.1 \%$ | $0.0 \%$ |
| $75+$ | $4.5 \%$ | $6.0 \%$ | $0.0 \%$ | $0.0 \%$ |


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


| Education |  |
| :--- | :---: |
| Degree level or above | $29.6 \%$ |
| Below degree level | $69.4 \%$ |
| Prefer not to say/Not Stated | $1.0 \%$ |


| Ethnicity |  |
| :--- | :---: |
| White | $86.4 \%$ |
| Non-White | $11.9 \%$ |
| Prefer not to say/Not Stated | $1.70 \%$ |


| Number of adults in the household <br> (16+Pop) |  |
| :--- | :--- |
| One adult | $18.5 \%$ |
| Two or more adults | $81.6 \%$ |

## Detailed methodology

## Statistical Reliability

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

For example, if the sample shows that $30 \%$ of people nationally say the government is 'very effective' at reducing levels of gambling related harms, we can be $95 \%$ confident that the result (had everyone been interviewed) would have been within around +2 percentage points of this figure - i.e. between $28 \%$ and $32 \%$ (based on a sample of 2,450 ).

|  | Result is at or near... |  |  |
| :--- | :---: | :---: | :---: |
|  | $\mathbf{1 0 \%}$ or $\mathbf{9 0 \%}$ | $\mathbf{3 0 \%}$ or $\mathbf{7 0 \%}$ | $\mathbf{5 0 \%}$ |
| Sample size | $\pm \%$ | $\pm \%$ | $\pm \%$ |
| 2,450 | 1.3 | 2.0 | 2.1 |
| 1,500 | 1.5 | 2.3 | 2.5 |
| 1,000 | 1.9 | 2.8 | 3.1 |
| 500 | 2.6 | 4.0 | 4.4 |
| 300 | 3.4 | 5.2 | 5.7 |
| 100 | 4.1 | 9.0 | 9.8 |

## Demographics (unweighted)




Social Economic Classification

| Managerial, administrative <br> and professional occupations <br> Intermediate occupations | $\mathbf{1 1 \%}$ |
| :---: | :---: |
| Small employers and own <br> account workers <br> Lower supervisory and <br> technical occupations | $\mathbf{7 \%}$ |
| Semi-routine and routine <br> occupations | $\mathbf{8 0 \%}$ |
| Long term unemployed or <br> never worked | $\mathbf{2 \%}$ |
| Full-time student | $\mathbf{2 \%}$ |
| Base=2,427 |  |

## Gender



Base $=2,450$
Ethnicity


## Demographics (weighted)



Social Economic Classification

| Managerial, administrative <br> and professional occupations |  | $\mathbf{5 4 \%}$ |
| :---: | :---: | :---: |
| Intermediate occupations | $\mathbf{1 1 \%}$ |  |
| Small employers and own <br> account workers | $\mathbf{6 \%}$ |  |
| Lower supervisory and <br> technical occupations | $\mathbf{7 \%}$ |  |
| Semi-routine and routine <br> occupations | $\mathbf{1 1 \%}$ |  |
| Long term unemployed or <br> never worked <br> Full-time student | $\mathbf{4 \%}$ |  |

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[^0]:    *Face-to-face interviews, all participants who are self-identified British citizens, Feb $2012 n=99827^{\text {th }}$ Jan $-5^{\text {th }}$ Feb 2012 | Online, all participants who are self-identified British citizens, Nov $2023 n=2,515$ $23^{\text {rd }}-27^{\text {th }}$ Nov 2012 | Face-to-face interviews, all participants who are self-identified British citizens, July $2016 n=1,05226^{\text {th }}-29^{\text {th }}$ July 2016 | Online, all participants who are self-identified British citizens, $n=9905^{\text {th }}$ April 2022 | Omnibus, all participants who are self-identified British citizens, $n=1,6613^{\text {rd }}-4^{\text {th }}$ August, 2022 | KP survey, all participants who are self-identified British citizens May $2023 n=2,163$

[^1]:    $\wedge$ Sig. difference
    v from Nov 22
    Bases: All participants, May $2023 n=2,4505^{\text {th }}-10^{\text {th }}$ May 2023, Nov $2022 n=2,06324^{\text {th }}-30^{\text {th }}$ November 2022, May $2022 n=206826^{\text {th }}$ May $-1^{\text {st }}$ June 2022, November 2021 $n=2101$ 25th November - 1 st December 2021. All conducted online via KnowledgePanel UK.

[^2]:    The NHS does not need further funding and should operate within its current budget

[^3]:    Great deal /
    fair amount of
    responsibility

[^4]:    Bases: All participants, May $2023 n=2,4505^{\text {th }}-10^{\text {th }}$ May 2023, Nov $2022 n=2,06324^{\text {th }}-30^{\text {th }}$ November 2022, November $2021 n=2,101$ 25th November - 1 st December 2021 . All conducted online via KnowledgePanel UK.

