

# Public perceptions of health and social care polling (Wave 3: November 2022)

Conducted by Ipsos for the Health Foundation

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# Executive Summary

# 01

Summary of work and key findings

# Expectations of the NHS, social care and health

## The public continue to remain negative about the standard of care in the NHS and social care, with views worsening since the May 2022 survey

Nearly two-thirds of the public think the standard of care in the NHS has got worse over the last 12 months (63%), and will continue to get worse over the next 12 months (62%). These views are significantly worse than those from the May 2022 survey, particularly when looking at the general standard of care over the next 12 months (39% in May 2022 compared with 62% in November 2022).

**Views towards social care are similar;** nearly two-thirds of the public think the standard of care has got worse over the last 12 months (63%), and over half think it will continue to get worse over the next 12 months (57%). **Unlike the NHS, these views remain stable compared with previous waves;** although there is an uptick in negative views compared to May 2022, views are similar to those from November 2021.

Regarding specific aspects of the NHS:

- **The public are more pessimistic towards services in the NHS, particularly regarding the next 12 months, than they were in May 2022.** The public are more likely to think a handful of services have got worse over the past 12 months, and are more likely to think all aspects of the NHS asked about will get worse over the next 12 months, compared to May 2022.
- **The public are the least pessimistic about the quality of care of services,** namely the standard of care at their GP practice (47% believe it has got worse; 43% that it will get worse) and standard of care at hospitals (42% believe it has got worse; 48% that it will get worse). Despite this, few believe that either have got, or will get, better.
- **The public are more pessimistic about other aspects of the NHS,** particularly the pressure and workload on NHS staff (81% think it has got worse and 74% think it will get worse) and wellbeing of NHS staff (75% think it has got worse and 67% think it will get worse), and waiting times for A&E (75% think it has got worse, and 69% think it will get worse).

**The public continue to be negative about the health and wellbeing of the public, especially looking towards the future.** A little over two-thirds (69%) think the public's overall level of health has got worse over the last 12 months, while three in five (61%) think it will get worse over the next 12 months, (an increase of 18 percentage points from May 2022, where 43% of the public felt this way).

# General views of the NHS

## Negative views towards national NHS services have increased since May 2022, although views towards local NHS services remain stable

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 (40%). Whilst views of the service being provided locally remain stable compared with May 2022 and November 2021, there has been a notable drop in the proportion of the public who think the NHS is providing a good service nationally (down from 43% in May 2022 to 33% in November 2022). Given the differences between national and local views, perceptions of services nationally may have been impacted by particularly challenging media coverage for the NHS.

The public continue to hold negative views towards government policies for the NHS, with only one in ten (10%) agreeing the government has the right policies in place for the NHS (a small decline from 13% in November 2022). Views are slightly more positive in devolved nations, although overall it is still negative, with close to three in ten agreeing the government has the right policies in place in Scotland (28%), and one in five in Wales (19%).

In terms of what the public think should be the priorities for the NHS, addressing the pressure on or workload of NHS staff (40%) and increasing the number of staff in the NHS (39%) are the two top priorities, followed by improving waiting times for routine services such as diagnostic tests or operations (35%). Additionally, waiting times in A&E continue to move up as a priority (up from 25% in May 2022 to 31%).

Despite fairly low levels of satisfaction, there is still strong support for all three founding principles of the NHS (ranging from 84% to 90% in support depending on the principle). The public are slightly less certain whether these principles will apply to the NHS in five years' time however; although they have more of a tendency to think they will still apply (ranging from 55% to 63%) than not apply (ranging from 18% to 28%). Providing a comprehensive service available to all is the principle that the public think is under most pressure (28% think it will not apply in five years).

# General views of social care

## The public are generally negative towards social care services, and there is strong support for most policies to improve workforce shortages

The public are **fairly negative about social care services in their local area**, with only 11% saying they are good and 33% that they are not good. Positive perceptions towards local social care services have declined from May 2022, when 15% of the public said they were good. **Very few think the government has the right policies in place for social care** (7%), whilst those who do not think the government has the right policies increased from 59% in May 2022 to 65% in November 2022.

There is generally strong support for most measures to address workforce shortages in social care, especially **improving training and development for existing staff** (85%), **improving current working conditions in social care, such as paying costs of travelling between people's homes or sick pay** (84%), and **a minimum pay rate for care workers, set above the national living wage** (81%). There is less (although still in the majority) support for measures which would require changes to current UK immigration policies (ranging from 57% to 65%). Finally, there is the least amount of support for **one-off bonus payments** at 50%.

# Views on private healthcare

## The proportion of the public who are paying or likely to pay for private health insurance or private healthcare remains stable; nearly half of the public have paid for dental services in the past year

The public are **divided as to whether they would pay for private health insurance or private healthcare**. Whilst around half (52%) are unlikely to pay, one in five are likely to (22%), and one in ten are already paying (13%). These proportions are similar to findings from May 2022 and November 2021.

The majority of those who pay or would be likely to pay for private health insurance do so to **access care or treatment more quickly** (83%), and around one-quarter do so because they think **the quality of care or treatment is better** (28%), **the experience is better** (26%), and/or **it takes pressure off the NHS** (25%). The proportion of the public who pay because **staff are friendlier** has increased from November 2021 from 5% to 10%, although it should be noted that this proportion is still relatively low.

Around half (48%) of the public have paid for **dental services** either through out of pocket payments (37%), private health insurance (5%), or both (6%); whilst one in five (22%) have paid for services such as physiotherapy, osteopathy or podiatry. However, **a relatively low proportion of the public have paid for other services** (ranging from 9% to 11% depending on the service). Paying for services tends to be more likely among those who have the means (i.e. households earning above £100k) and the need (those who have used six or more NHS services in the past year). However, younger and middle age groups and people from ethnic minority backgrounds are all more likely to have paid for private GPs and flu jabs than the average.

Finally, around half of the public (49%) would prefer to receive NHS-funded hospital treatment from an NHS service if given the choice (as opposed to a private or non-profit service), although a little less than one-third (31%) have no preference.

# Views on funding for the NHS and social care

**There is strong support from the public for an increase in funding for the NHS; yet the majority of the public think the NHS either often or generally wastes money**

**The majority of the public think the NHS needs an increase in funding (82%).** Similarly, around half of the public (53%) **would most like to see taxes increase to maintain the current level of care and services provided by the NHS**, rather than reduced spending on other services to maintain the current level of care (10%), or a reduction in the level of care and services provided by the NHS (6%). It should be noted however, that a quarter (25%) of the public did not want to see any of these solutions.

**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 (36%)**, as well as an **increase in income tax (25%)** and an **increase in National Insurance (25%)**. There is increased support for an increase in National Insurance from May 2022 (up from 16% to 25%), possibly due to the removal of the Health and Care Levy in between surveys. There is decreased support for **spending cuts to other services (down to 19% from 25% in May 2022)**, **an increase in inheritance tax (down to 17% from 23% in May 2022)**, and **increased government borrowing (down to 14% from 19% in 2022)**.

Despite support from the public for an additional tax, **the majority of the public think the NHS either often (53%) or generally (33%) wastes money**, suggesting that whilst the public agree the NHS needs more funding, they also think it could be more efficient in how it operates.

If the government does not increase the NHS budget, the majority of the public think **urgent and emergency care, such as A&E and ambulance services**, should be the number one priority for funding (81%), and around half think **primary care (55%)**, **routine planned surgery (52%)**, and **mental health services (46%)** should be prioritised. There was relatively less priority given to **dental services (20%)**.



# Views on GP practices and the cost of living crisis

## The public think the biggest challenges practices face are around the availability of appointments

The biggest challenges facing GP practices are around the availability of appointments, in particular **waiting times for appointments being too long** (44%) and it being **too hard to book an appointment** (43%). Overall, challenges remain stable from previous waves, with the exception being **not being able to get an appointment in a format that suits me**, declining from 26% in May 2022, to 22% in November 2022.

## The public continue to be concerned about the cost of living, and tend to view it as the highest threat to differences in health between different groups in society and the health of UK citizens

**Nearly all of the public are concerned about increases to the cost of living** (91%) which has remained stable from May 2022 (92%). This is seen to **pose a far greater risk to differences in health between different groups in society** (65% identify a high threat) and **the health of UK citizens** (57% identify a high threat) than for **their family's health** (22%) or **themselves personally** (20%). Similar to overall concern, the proportion of the public who see the cost of living as a threat to UK citizens, their family, and their health personally remains relatively stable from May 2022.

# Views on public health and government interventions

## While the public view the government as responsible for public health, they generally do not think the government has the right policies in place to address public health

**Over half of the public (54%) do not think the government has the right policies in place to improve public health**; this is an increase from November 2021, where less than half (46%) felt the same way. Around one in ten (13%) think the government does have the right policies in place, which is fewer than the proportion who felt the same way in November 2021 (18%).

The public are generally divided as to whether the government should focus resources on preventing ill health or treating ill nesses today, with around one-third (33%) thinking **the government should put more focus on preventing ill health** and a roughly equal proportion (35%) thinking **the government should put more focus on treating illnesses today**.

Regarding responsibility for health, **the public continue to think the individual has the most responsibility for staying healthy (95%)**, and local **authorities have the least (61%)** comparatively. Around three-quarters think **the food and drinks industry (77%)**, **national government (75%)** and **NHS (74%)** also have a responsibility. The proportion of the public who think the NHS has responsibility has increased from November 2021, whilst the proportion who think the food and drinks industry, national government, and local authorities have responsibility has decreased.

The public tend to think the government has the most responsibility for preventing harm from products, including **reducing the harm from smoking, such as banning smoking public spaces (85%)** and **reducing levels of alcohol-related harm (72%)**; however, although the government is seen to have been effective at reducing harms from smoking (62%), around three-quarters of the public **do not think the government has been effective at addressing other public health issues asked about** such as reducing obesity.

Of the range of government interventions asked about, there tends to be the highest support for government interventions linked to reducing harms from tobacco, including **introducing a tax on tobacco manufacturers to fund tobacco control measures, such as local stop smoking services (78%)** and **increasing the age at which you can buy tobacco from 18 to 21 years (69%)**. Support for interventions linked to unhealthy food are generally less than those linked to tobacco, but still in the majority, while interventions linked to increasing the price of alcohol have the lowest support.

# Views on health inequalities

The public tend to view health inequalities as important, however they do not think the government has the right policies to address them

The majority of the public think health inequalities have been worsened by the pandemic (66%), though they seem unclear of how the government should address this – around seven in ten of the public (71%) agree that the government should aim to reduce inequalities in health between different groups, but around half (52%) also agree that the government should focus on improving health for everyone rather than focusing on tackling health inequalities. Whilst these results are relatively stable from November 2021, the proportion of the public who disagree the government should improve health for everyone rather than reducing inequalities has increased from 16% to 20%.

Despite this lack of agreement, **only one in ten (11%) think the government has the right policies in place to help reduce health inequalities**, a decline from November 2021 where 16% thought so.

Overall however, people generally think it is important that the government addresses health inequalities – over three in five people think health differences in all areas are important to address, with differences in **income (76%) geographical area (73%), and education level (70%)** considered the most important.

# Background to the research

# 02

# Overview of the project

## Background to the research

The Health Foundation is an independent charity committed to bringing about better health and 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 on use of health and social care, private healthcare, the health of people in the UK, public health and government interventions, health inequalities and funding for health and social care.

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 third wave of the polling programme**, conducted from Nov 24<sup>th</sup> – 30<sup>th</sup>, 2022. Findings from the first and second wave 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
- The government's handling of the NHS and social care
- Wider health policy issues including health inequalities and NHS funding

## Report Structure

The first section of this report presents the 'Expectation 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, while the fifth section considers views of funding for the NHS and social care. The sixth section covers attitudes towards GP practices and appointments, and the seventh section covers views towards the cost of living crisis, while the eighth section considers perceptions of people's health within the UK. The ninth section explores views on public health and government interventions, before moving on to health inequalities in the final section.

# Background to the project

## Previous polling

This report includes data collected by Ipsos from previous work with the Health Foundation and other clients. Where questions were repeated in previous surveys, these have been included in the report in order to illustrate trends. However, please note that methodologies differ and so comparisons are indicative rather than direct. The data included comes from the following projects:

- **Ipsos MORI 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: 18-28 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 COVID-19”. This report was prepared for the Health Foundation.** [Link.](#)  
*2,001 telephone Omnibus surveys with people aged 18 + in Great Britain. Fieldwork: 13th - 24th November 2020.*

# Methodology

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# 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 29,000 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 **24<sup>th</sup> and 30<sup>th</sup> November 2022**. A total number of **2,063** responses were achieved amongst residents across the United Kingdom aged 16+.

## Context

- Kwasi Kwarteng announces cancellation of the health and social care levy in September 2022.
- Rishi Sunak appointed prime minister 25<sup>th</sup> October 2022, following the resignation of Liz Truss.
- The Royal College of Nursing and ambulance staff from (GMB Union and Unison) announce strike action for December 2022.
- Ongoing media coverage of the challenges the NHS was facing throughout autumn 2022 (particularly around urgent and emergency care).

# Sampling and weighting

## Sampling

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

The sample was stratified by country and education. A total of 3,580 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 2,063 respondents completed the survey, delivering a response rate of 58%.

## Weighting

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

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

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

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

# Interpretation of the findings

## Interpretation of quantitative findings

Throughout the report findings will highlight, and 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

# 04

# Background to the Expectations Tracker

Given the circumstances, it is particularly important to track expectations at the moment

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. By the start of winter 2022/23, the NHS and social care sector were under exceptional pressure, 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

Standard of care in your GP practice

Standard of care at your hospital

## Access

Access to GP services

Waiting times for routine services such as diagnostic tests or operations

Waiting times for A&E

## Staff

Wellbeing of NHS staff

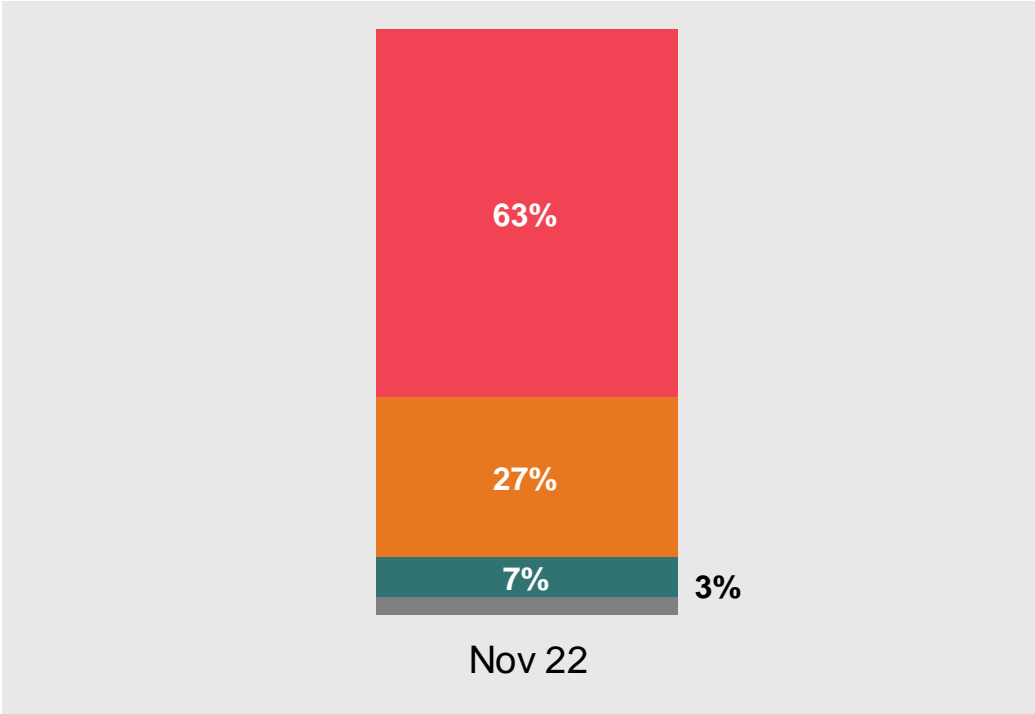
Pressure on/workload of NHS staff

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

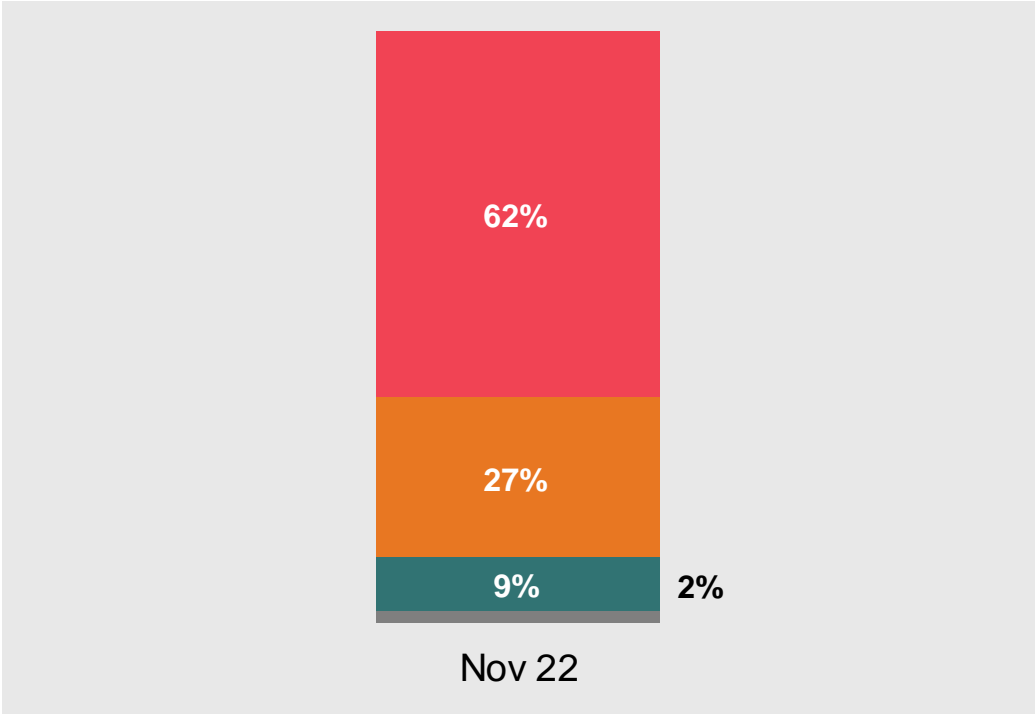
# The public tend to believe the general standard of care in the NHS has got worse over the last 12 months, and will continue to get worse in the next 12 months

Nearly two-thirds of the public think the general standard of care has both got worse in the last 12 months (63%), and will continue to get worse (62%) over the next 12 months.

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...?



- Get/got worse
- About the same
- Get/got better
- Don't know

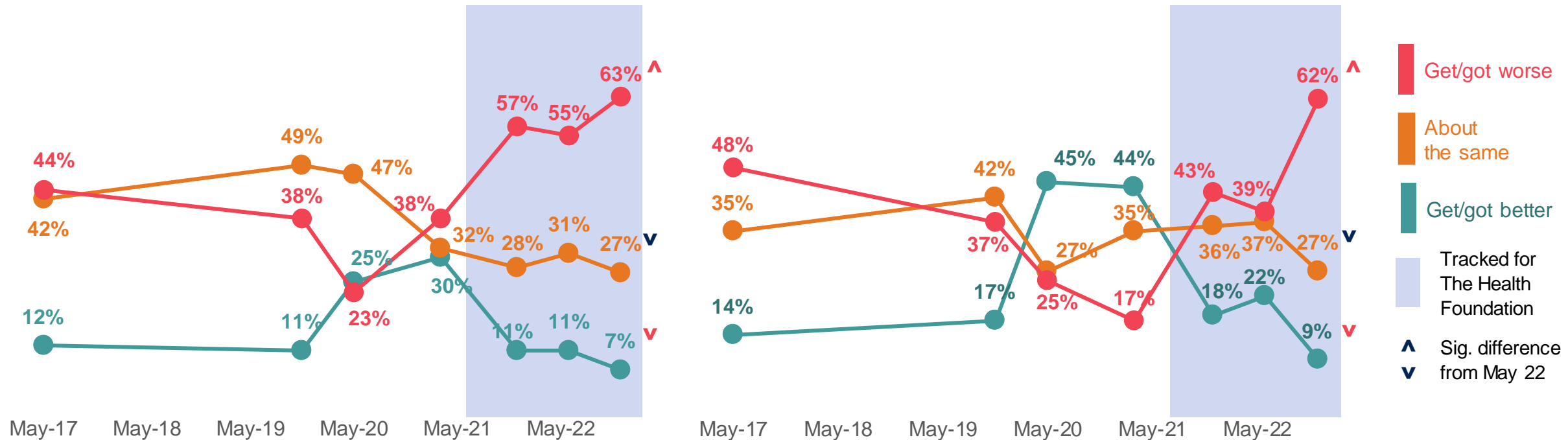
Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022. All conducted online via KnowledgePanel UK.

# The public are more pessimistic about the general standard of care in the NHS than they were in May 2022, particularly looking towards the next 12 months

The public are considerably more likely to think NHS services will get worse in the next 12 months in November 2022 (62%) than in May 2022 (39%).

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...?



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 polling" 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. \* 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, and November 2022 were collected using the same methodology and can be directly compared.

# Views towards the standard of care in the NHS differ by education, access to NHS services, and voting intention

For example, those who intend to vote Conservative, are younger, or have less education tend to be more optimistic, whilst those who intend to vote Labour or have used any NHS service tend to be more pessimistic.

Over the last and the next 12 months

Only the last 12 months

Only the next 12 months



**Non-graduates** or those who intend to vote **Conservative** are more likely to think the standard of care has got better and will continue to get better compared with the average.

Those who are **NHS workers** (16%)\*, or have a **health problem or disability that limits their day-to-day activities** (10%)\* are more likely to think the standard of care has got better compared with the average (7%).

Those **aged 16-24** (18%)\*, who are **not working full-time** (11%), who are **not graduates** (11%), are **full-time students** (25%)\*, or **live in the East of England** (16%)\* are all more likely than the average (9%) to think the standard of care will get better in the next 12 months.



Those **living in Wales**, who **work in a managerial, administrative and professional occupation**, intend to **vote Labour**, or have **used any NHS service in the last 12 months** are all more likely to think services have got worse and will continue to get worse compared with the average.

Those with a **higher education below degree level** (71%) are more likely than the average (63%) to think services have got worse compared with the average.

Those **aged 55-64** (66%), who are **working full-time** (65%), are educated to at least **graduate level** (72%), or **intend to vote for the Green Party** (87%), are all more likely than the average (62%) to think the standard of care will get worse in the next 12 months.

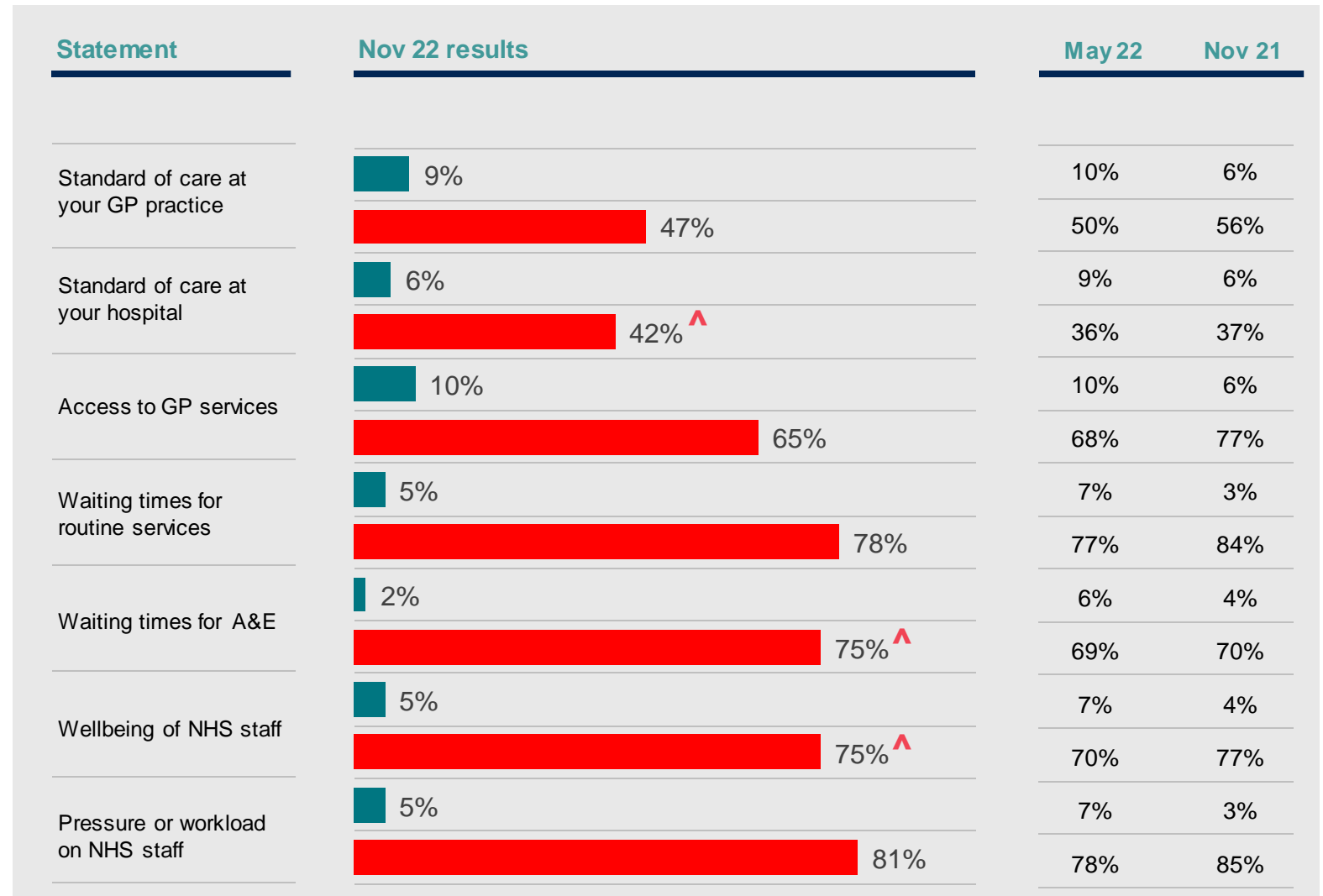
*\*Please treat with caution as they are based on less than 100 participants*



# The public think most elements of the NHS have got worse over the past year, particularly wellbeing and pressure on NHS staff, as well as waiting times for both A&E and routine services

They are more likely to think the wellbeing of NHS staff, waiting times for A&E, and the standard of care at their hospital have got worse over the last year in November 2022 than they were in May 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?



■ Better
 ■ Worse
   
<sup>^</sup> Sig. difference from May 22
   
<sup>v</sup> from May 22

Bases: All participants, Nov 2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, May 2022 n=2068 26<sup>th</sup> May – 1<sup>st</sup> June 2022, November 2021 n=2101 25<sup>th</sup> November – 1<sup>st</sup> December 2021. All conducted online via KnowledgePanel UK.

# Views of how different aspects of the NHS have changed over the last 12 months differ by use of NHS services, education and social class

Those who use services more, are graduates, or are from managerial, administrative, and professional occupations tend to be more likely to think all aspects of the NHS asked about are getting worse.

## Demographic differences

**Women** are more likely than men to think that **waiting times have got worse** (both for routine appointments and A&E).

**Those aged 16-24** are more likely to think the well-being of NHS staff and pressure on NHS **staff** have got better compared with the average.

**People from ethnic minority backgrounds** are more likely to think NHS-staff linked aspects have improved than people from White ethnic backgrounds; yet they are also more likely to think the standard of care at the GP practice and hospital have got worse.

## Education and social class

Those who have **graduate degrees** or are from **managerial, administrative, and professional occupations** are more likely to think most aspects of the NHS have got worse compared to the average.

## Use of services and worker status

Across all statements, **those who have used NHS services in the last year** are significantly more likely to think that aspects of the NHS have got worse. Conversely, those who **have not used any NHS services in the last year** are significantly more likely to think aspects of the NHS have improved.

## Regional differences

Those living in the **North East** are more likely to think most aspects of the NHS have got better compared with the average.

Those living in **Wales\*** and **Northern Ireland\*** are more likely to think **waiting times for A&E** have got worse compared with the average.

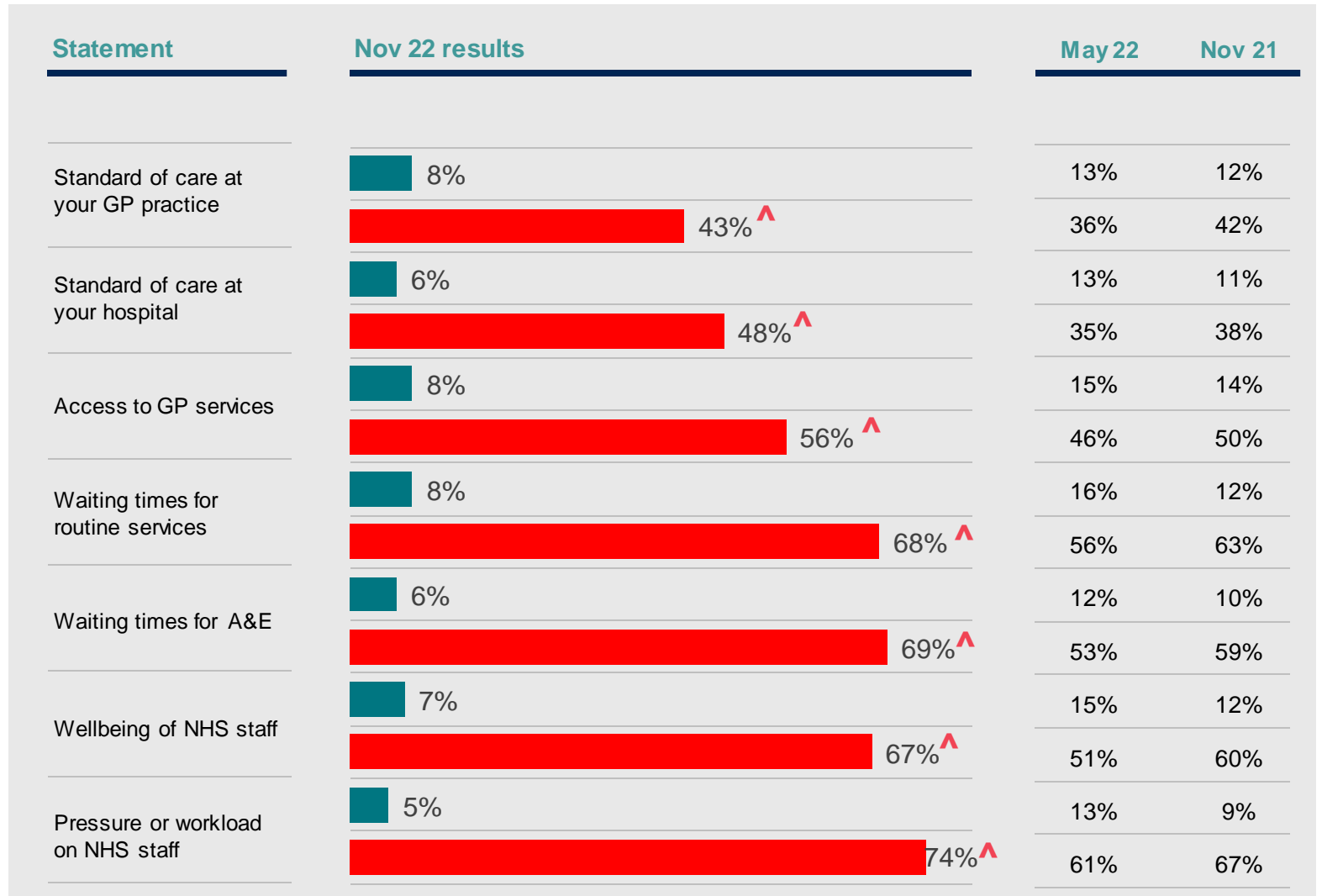


*\*Please treat with caution as they are based on less than 100 participants*

# Similarly, the public continue to be pessimistic about the future of each aspect of the NHS, particularly pressure on and wellbeing of NHS staff, as well as waiting times for A&E and routine services

The public are significantly more likely to think all aspects of the NHS asked about will get worse in the next year than they were in May 2022.

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?



**Better** **Worse** <sup>^</sup> Sig. difference  
<sub>v</sub> from May 22

Bases: All participants, Nov 2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, May 2022 n=2068 26<sup>th</sup> May – 1<sup>st</sup> June 2022, November 2021 n=2101 25<sup>th</sup> November – 1<sup>st</sup> December 2021. All conducted online via KnowledgePanel UK.

# Those aged 35-65, who intend to vote Labour, have used NHS services in the last year or work in managerial, administrative & professional occupations tend to have a more negative outlook

Younger people, those who intend to vote Conservative, who have not used any NHS services in the last year, and those who are not graduates tend to have a more positive outlook of NHS services asked about.

## Demographic differences

Those aged 16-24 are more likely to think that **all aspects of the NHS** will get better over the next year compared with the average, while **35-65 year-olds** are more likely to think most aspects of the NHS will get worse.

Those who intend to **vote Conservative** are more likely to think **all aspects of the NHS will get better** compared to the average; the reverse is true for those who intend to **vote Labour**.

Those from **White ethnic backgrounds** are more likely to think the pressure on and wellbeing of NHS staff will get worse than those from ethnic minority backgrounds.

## Regional differences

Those living in **London** are more likely to think the standard of care at their hospital and access to GP services will get worse over the next year compared to the average.

Those living in **Northern Ireland** are more likely to think wellbeing of NHS staff\* and the pressure or workload on NHS staff will get worse compared to the average.

## Use of services and worker status

Across all statements, **those who have used NHS services in the last year** are significantly more likely to think that aspects of the NHS will get worse over the next 12 months. Conversely, those who **have not used any NHS services in the last year** are significantly more likely to think aspects of the NHS will improved compared with the average.

## Education and social class

**Non-graduates** are more likely to think most aspects will get better than those educated to at least degree level.

Those who are from **managerial, administrative, and professional occupations** are more likely to think most aspects of the NHS will get worse compared to the average.



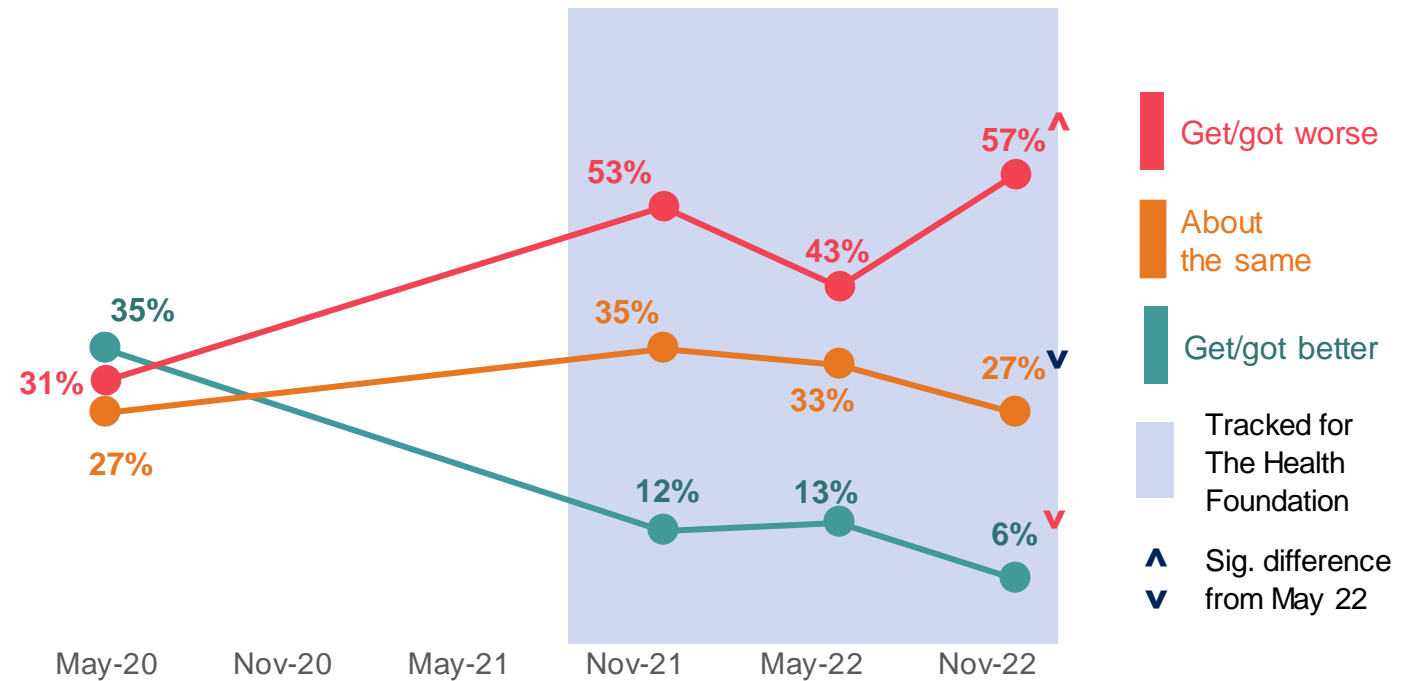
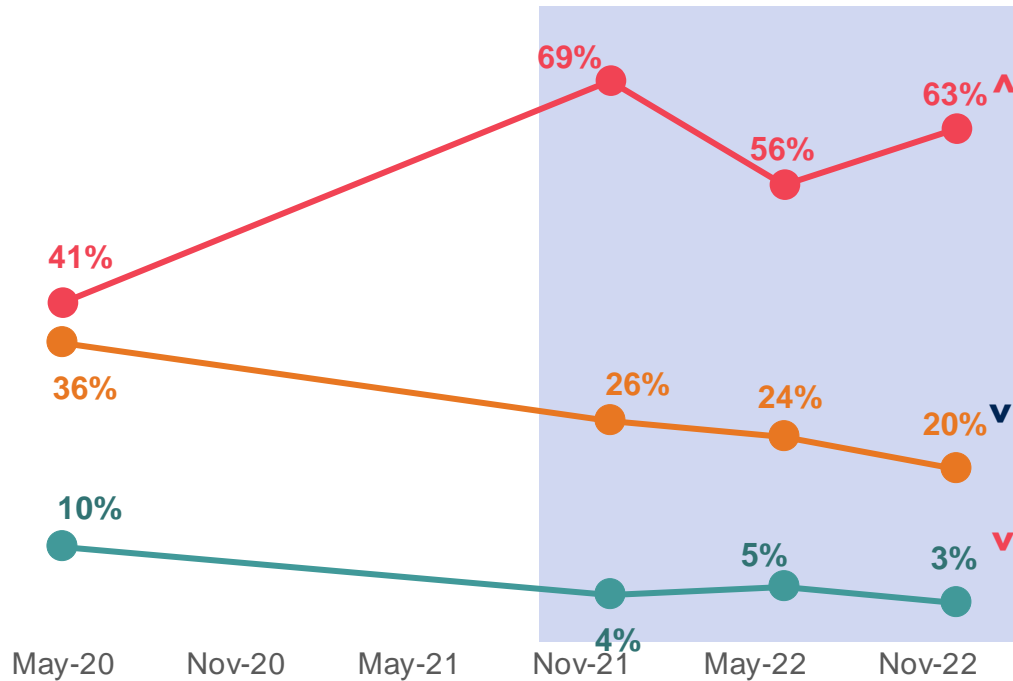
*\*Please treat with caution as they are based on less than 100 participants*

# The public continue to be pessimistic about the standard of social care services over the last 12 months and coming 12 months

They are more pessimistic than in May 2022, particularly their outlook for the next 12 months, though the findings are similar to November 2021.

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...?



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

# Views towards the standard of social care services tend to differ by age, ethnicity, or interaction or affiliation with social care services

There also appears to be some differences based on region or levels of deprivation.

## Over the last and next 12 months

### Only the last 12 months

### Only the next 12 months



Those **aged 16-24**, people from **ethnic minority backgrounds**, **non-graduates**, those living in the **West Midlands**, living in the **most deprived areas**, and who **have personally used social care services in the last year**, or are **social care workers**, are more likely to think services have got better and will continue to get better compared with the average.

Those who have **children in their household** (6%)\*, live in **urban areas** (4%)\*, or are **full-time students** (10%)\* are all more likely to think the standard of social care has got better compared with the average (3%).

Those **aged 25-34** (8%)\* or who work in **semi-routine and routine occupations** (13%)\* are more likely to think the standard of social care will get better compared with the average (6%).



Those **aged 45 and over**, who are from **White ethnic backgrounds**, who work in **managerial, administrative and professional occupations**, or **have friends or family who have used social care services in the last year**, are all more likely to think services have got worse and will continue to get worse compared with the average.

**Women** (66%), those who **do not have children in household** (67%), live in **rural areas** (68%), have a **family and friend who uses social care services** (68%), or have a **family or friend working in the NHS** (67%), are all more likely to think the standard of social care has got worse compared with the average (63%).

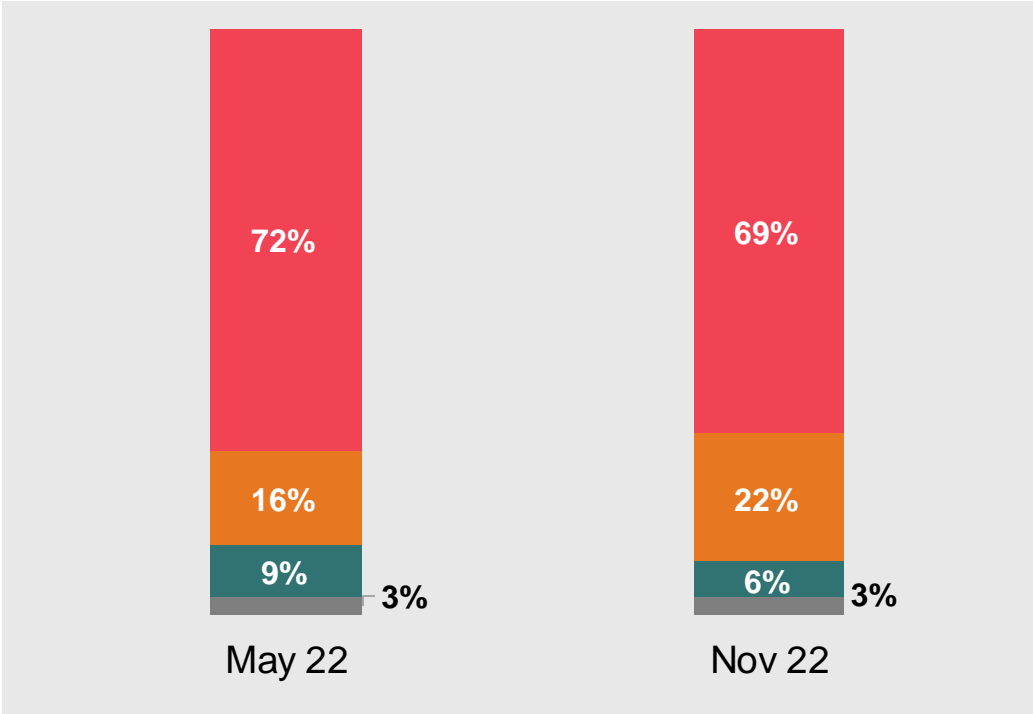
Those who are **graduates** (63%), **do not have children in their household** (60%), have **household earnings between £52-£99k** (64%), are from **Wales** (67%), or intend to vote **Labour** (62%) or **Liberal Democrat** (75%), are all more likely to think the standard of social care will get worse compared with the average (57%).

*\*Please treat with caution as they are based on less than 100 participants*

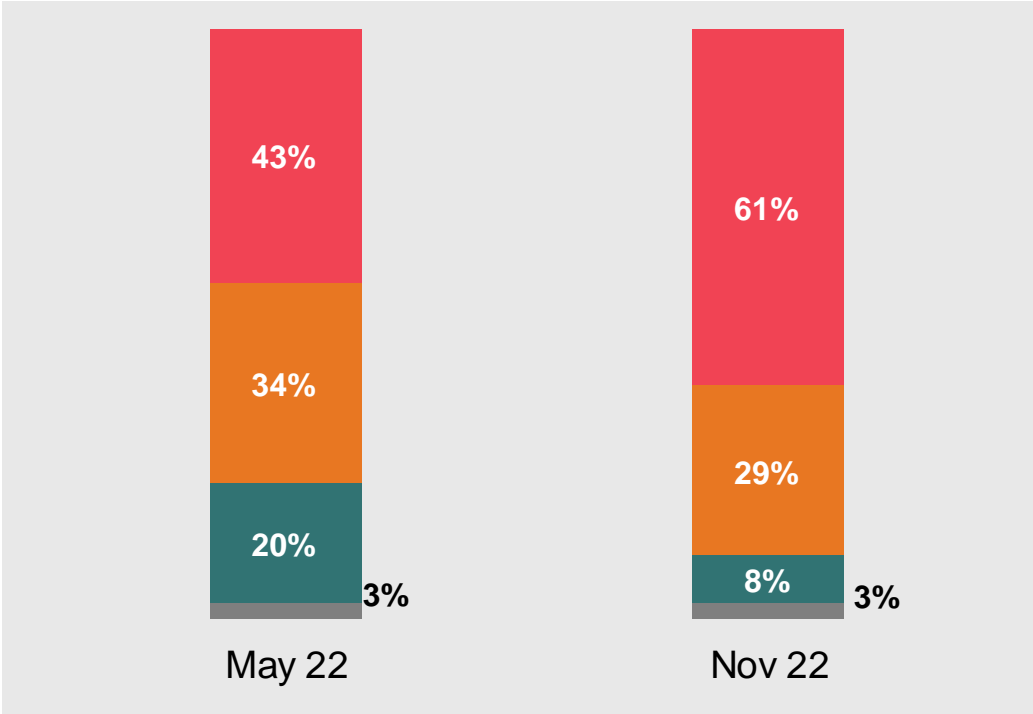
# The public are very negative about the overall level of health among the public, both over the last and the next 12 months

Furthermore, the public have become much more negative looking at the next 12 months than in May 2022.

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...?



- Get/got worse
- About the same
- Get/got better
- Don't know
- ▲ Sig. difference
- ▼ from May 22

Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, May 2022 n=2068 26<sup>th</sup> May – 1<sup>st</sup> June 2022. All conducted online via KnowledgePanel UK.



# The public's views towards the health of the public in the last and next 12 months tend to differ by various factors

Those who are working in the NHS are more likely to think the health of the public has improved in the last 12 months, while those who know someone working in the NHS are more likely to think the opposite.

Over the last and next 12 months

Last 12 months

Next 12 months



Those who have **not used any NHS services in the last year** or those who **have used social care services** are more likely to think the health of the public has got better and will continue to get better compared to the average.

**Men** (8%), those **aged 16-24** (13%)\*, **full-time students** (15%)\*, or **NHS workers** (12%)\* are all more likely to think the health of the public has got better compared to the average (6%).

**People from ethnic minority backgrounds** (14%)\*, those living in the **East of England** (14%)\*, or those **living in areas of middling deprivation** (13%)\* are all more likely to think the health of the public will get better compared to the average (8%)



**Women**, those **aged 55-64**, **graduates**, those working in **managerial, administrative and professional occupations**, who intend to vote for **Labour** or the **Green Party**, or have used an **NHS service in the last year** are all more likely to think the health of the public has got worse and will continue to get worse compared to the average.

People in households earning **£26 - £51k** (72%), who live in **Scotland** (78%), work in **intermediate occupations** (75%), or have **friends or family members working in the NHS** (74%) are all more likely to think the health of the public has got worse compared to the average (69%).

Those **aged 45-54** (67%), or have a **health problem or disability that limits their day-to-day activities** (68%) are more likely to think the health of the public will get worse compared to the average (61%).

*\*Please treat with caution as they are based on less than 100 participants*



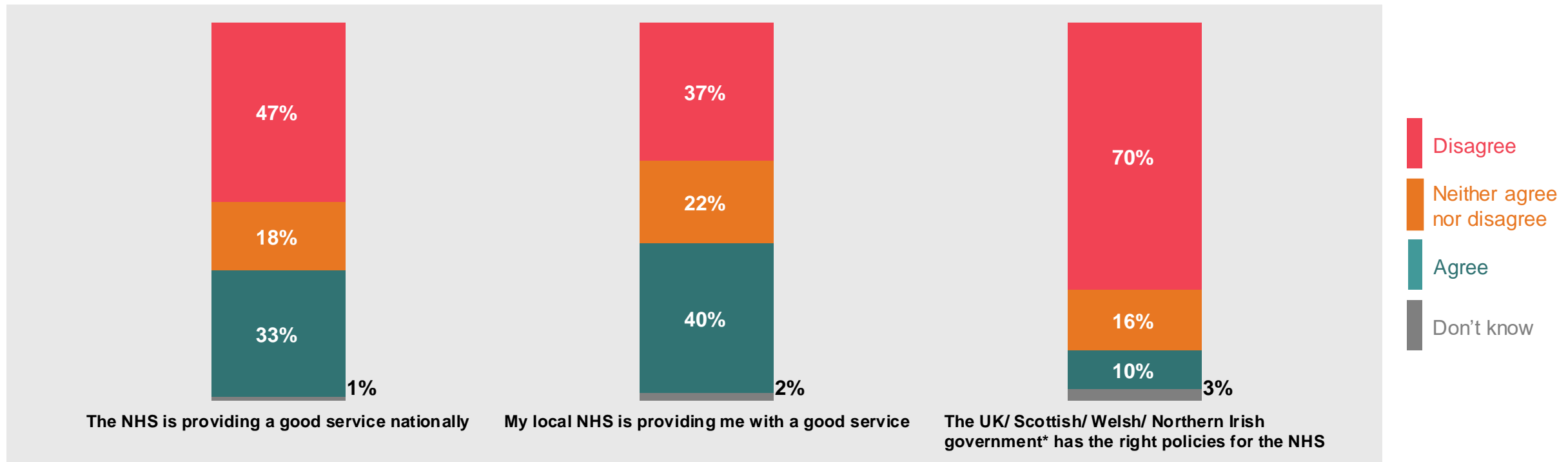
# General views on the NHS and its founding principles

# 05

# The public are divided as to whether the NHS is providing them with a good service both locally and nationally, and they do not think their government\* has the right policies for the NHS

Less than half of the public think the NHS is providing a good service nationally (33%) or locally (40%) whilst the majority (70%) do not think their government has the right policies for the NHS.

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



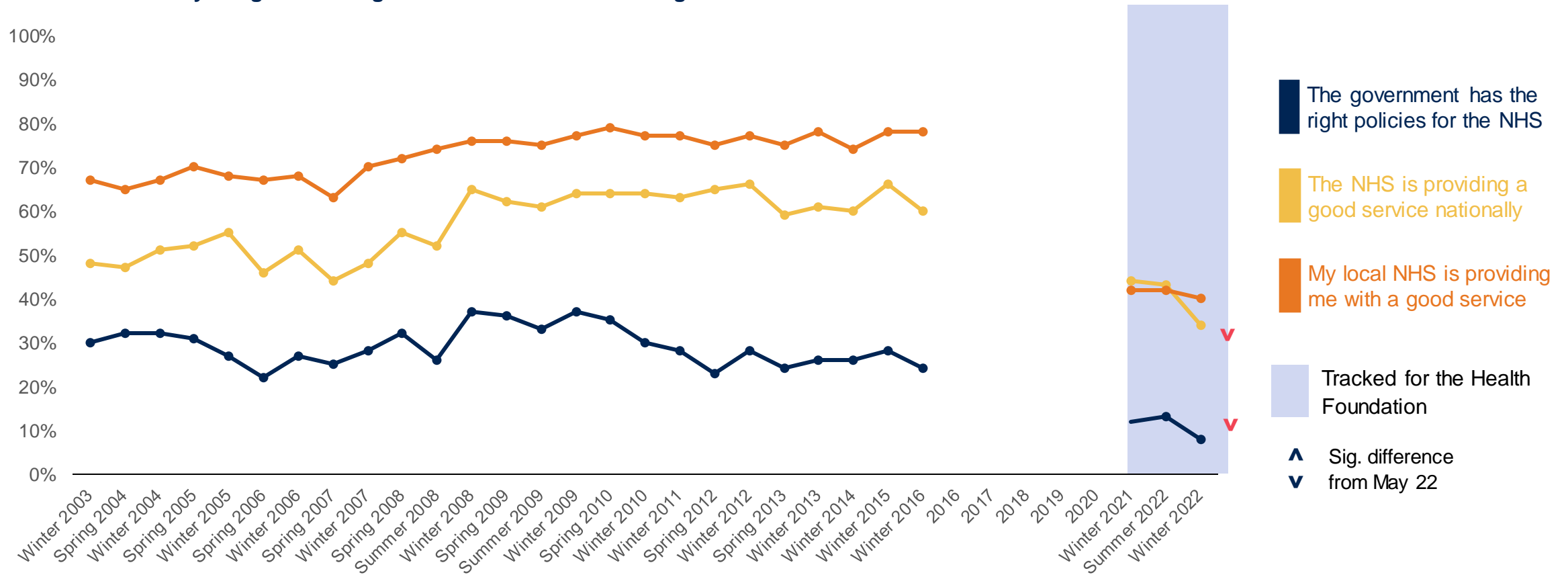
\*Note – question was asked specifically about corresponding government i.e. UK, Scottish, Welsh and Northern Irish.

Bases: All participants, Nov 2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022. All conducted online via KnowledgePanel UK.

# Views towards local NHS services remain stable, however the public are more pessimistic towards national NHS services than they were in May 2022

They are also a little more negative about their government's policies for the NHS.  
 Perceptions of services nationally may have been impacted by particularly challenging media coverage.

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: 1,618 | May 2022: 1,622 | Nov 2022: 1,632... \*Note: Findings from 2016 and before were collected using a different methodology, and so comparisons should be treated with caution. Findings from Winter 2021 – present were collected using the same methodology, and findings are directly comparable.

# Views towards overall performance of the NHS and government policies tend to differ by age, voting intention and social grade

Younger age groups and those who intend to vote Conservative are more likely to have positive views, whilst those aged 55-64 or who work in managerial, administrative and professional occupations have more negative views.

## Demographic differences

Those aged **16-24** or who **intend to vote Conservative** are more likely to have positive views towards local and national NHS services, as well as government policies. Conversely, **those aged 55-64** are more likely to have negative views towards all of these aspects.

Those living in the **least deprived areas** (46%) are more likely to agree the NHS is providing a good service locally than the average (40%).

## Regional differences

Those living in **Scotland** and **Wales** (28% and 19% respectively)\* are more likely to think their government does have the right policies in place for the NHS compared to the average (10%). Conversely, those living in **England** (73%) are more likely to think the government does not have the right policies in place (70%).

Those living in the **South West** (42%) are more likely to think the NHS is providing a good service nationally compared to the average (30%).



## Use of services and worker status

Those who **have** used NHS services in the last year are more likely to think the government does not have the right policies in place for the NHS (72% compared with 70% overall); while **those who have not used NHS services in the last year** are more likely to think the government does have the right policies in place (20% compared with 10%)\*.

## Education and social class

Those who work in **managerial, administrative and professional occupations** are more likely to have negative views towards local and national NHS services, as well as government policies.

**Graduates** are more likely to think the NHS is not providing a good service nationally (51% compared with 47% overall) and that their government does not have the right policies in place (76% compared with 70% overall).

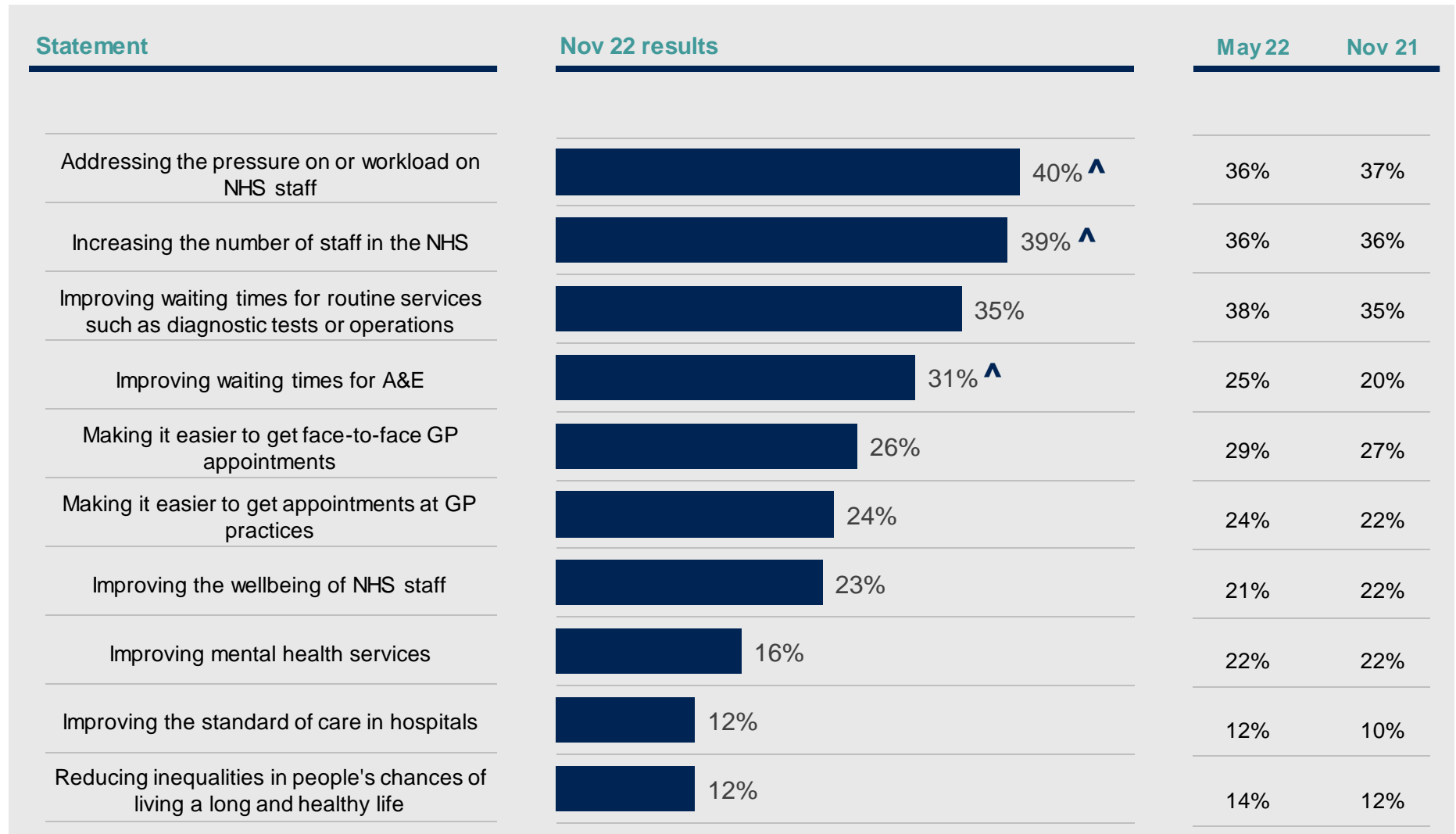
\*Please treat with caution as they are based on less than 100 participants

# Addressing the pressure on NHS staff and increasing the number of staff are the public's top priorities for the NHS

These priorities are also more important for the public than in May 2022, with 40% saying the pressure on NHS staff is a priority (up from 36% in May) and 39% the number of staff (also up from 36% in May). The public are also more likely to prioritise improving waiting times for A&E than they were in May 2022 (up from 25% to 31%).

▲ Sig. difference  
▼ from May 22

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



Bases: All participants, Nov 2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, May 2022 n=2068 26<sup>th</sup> May – 1<sup>st</sup> June 2022, November 2021 n=2101 25<sup>th</sup> November – 1<sup>st</sup> December 2021. All conducted online via KnowledgePanel UK.

# There are differences in how groups prioritise ‘waiting times for A&E’, ‘getting face-to-face GP appointments’, and aspects related to NHS staff

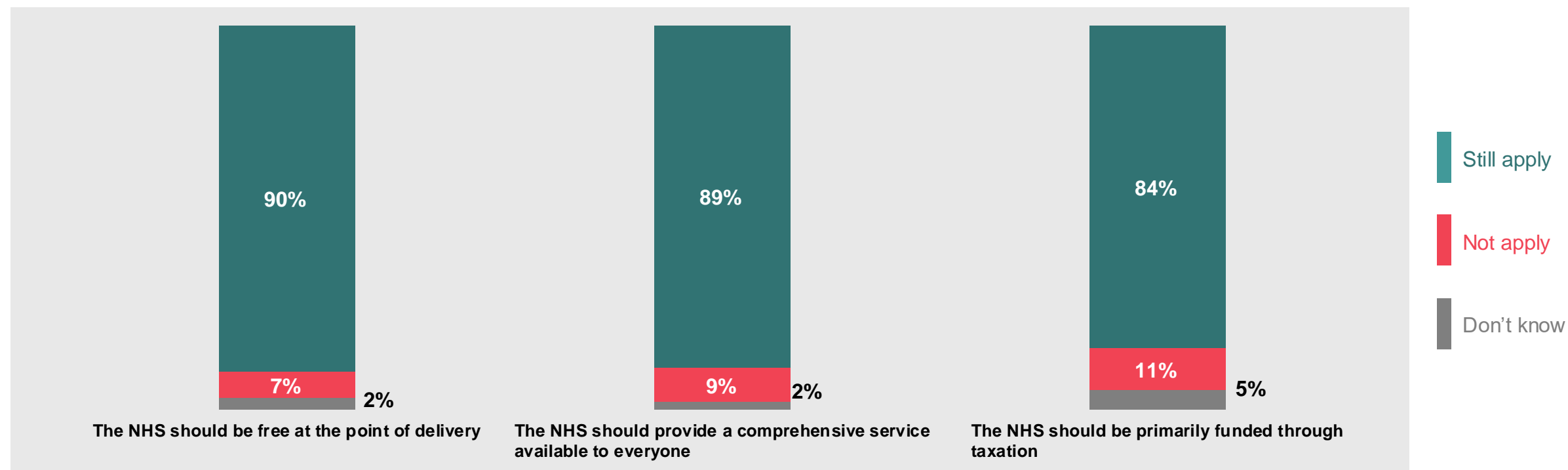
Priority	Group differences
Waiting times for A&E	People from ethnic minority backgrounds (42%), those living in the most deprived areas (38%), or working in lower supervisory and technical occupations (42%)* are all more likely to prioritise this than the average (31%).
Getting face-to-face GP appointments	Those aged 55+ (35%), not working full time (28%), non-graduates (30%) or those who intend to vote Conservative (33%), are more likely to prioritise ‘making it easier to get face-to-face GP appointments (26%)’.
Addressing the pressure on or workload of NHS staff Increasing the number of staff in the NHS Improving the wellbeing of NHS staff	Those who intend to vote Labour or who know someone who works in the NHS are more likely to prioritise all three outcomes compared to the average; those aged 16-34 (35%) are more likely to prioritise ‘improving the wellbeing of NHS staff’; and those in the North East (53%) are more likely to prioritise ‘increasing the number of staff in the NHS compared to the average (39%)*’.

*\*Please treat with caution as they are based on less than 100 participants*

# Most of the public think the core principles on which the NHS was founded should still apply to NHS services today

Support for all principles is strong, with few members of the public thinking that they should no longer apply (between 7% and 11%).

When the NHS was set up, it was based on several core principles. For each of the following principles, please select the extent to which you think the principles should still apply to the NHS services today:

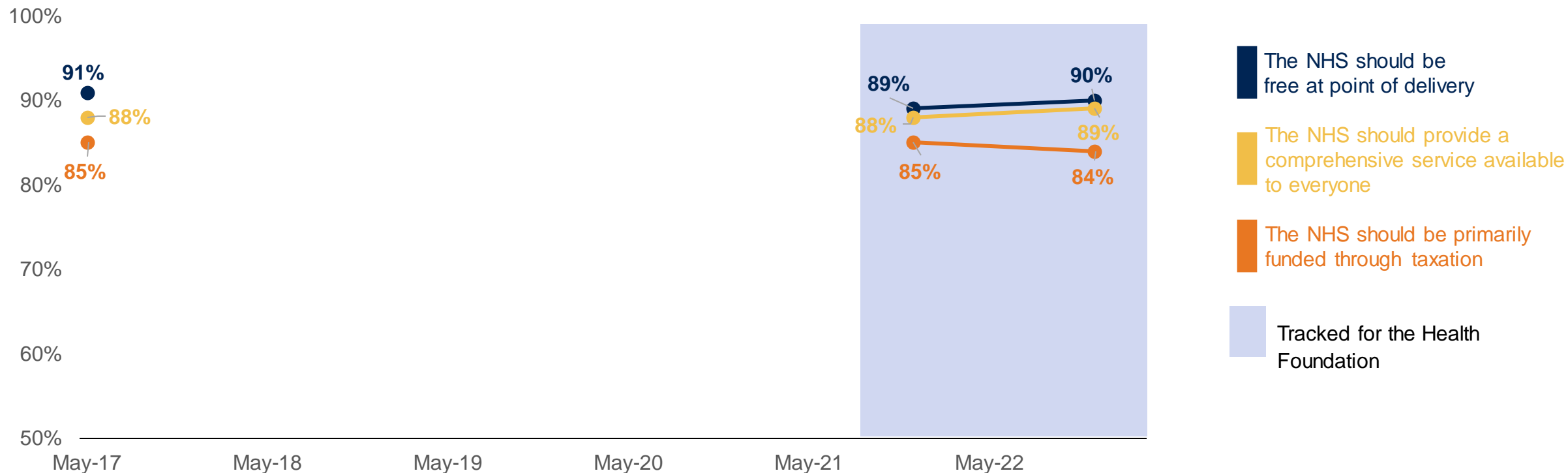


Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022. All conducted online via KnowledgePanel UK.

# Support for the three principles remains stable compared with November 2021 and previous historical data

The public continue to strongly subscribe to these core principles, despite more negative views of the NHS seen elsewhere in the November 2022 results

When the NHS was set up, it was based on several core principles. For each of the following principles, please select the extent to which you think the principles should still apply to the NHS services today (show those who think it should still apply):



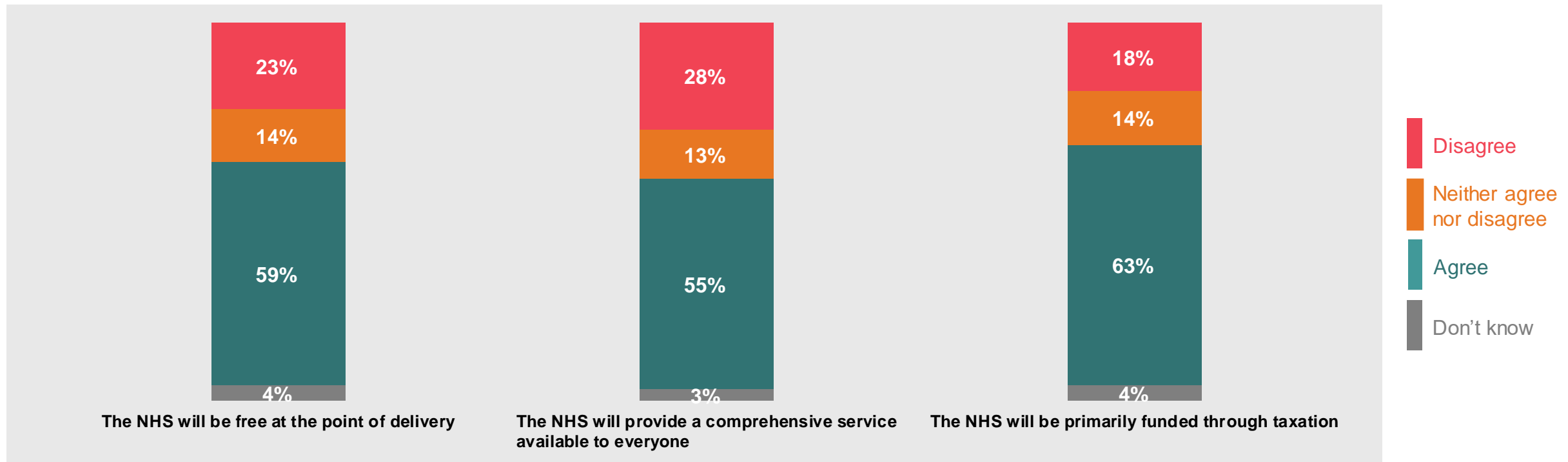
Bases: What does the public think of the NHS? The King's Fund, May 2017: 1,151 | KP survey, Nov 2021: 2,101 | Nov 2022: 2,063. \*Figures from May 2017 are from a different study with a different method and should be treated as indicative.



# When asked about their outlook on the NHS' founding principles over the next five years, more than half the public think the NHS will continue to be free, comprehensive, and funded through taxation

However, 18% to 28% of the public do not think these principles will apply to the NHS in five years' time – particularly the case for the NHS providing a comprehensive service.

And thinking about the NHS in five years' time, to what extent do you agree or disagree with the following statements...?

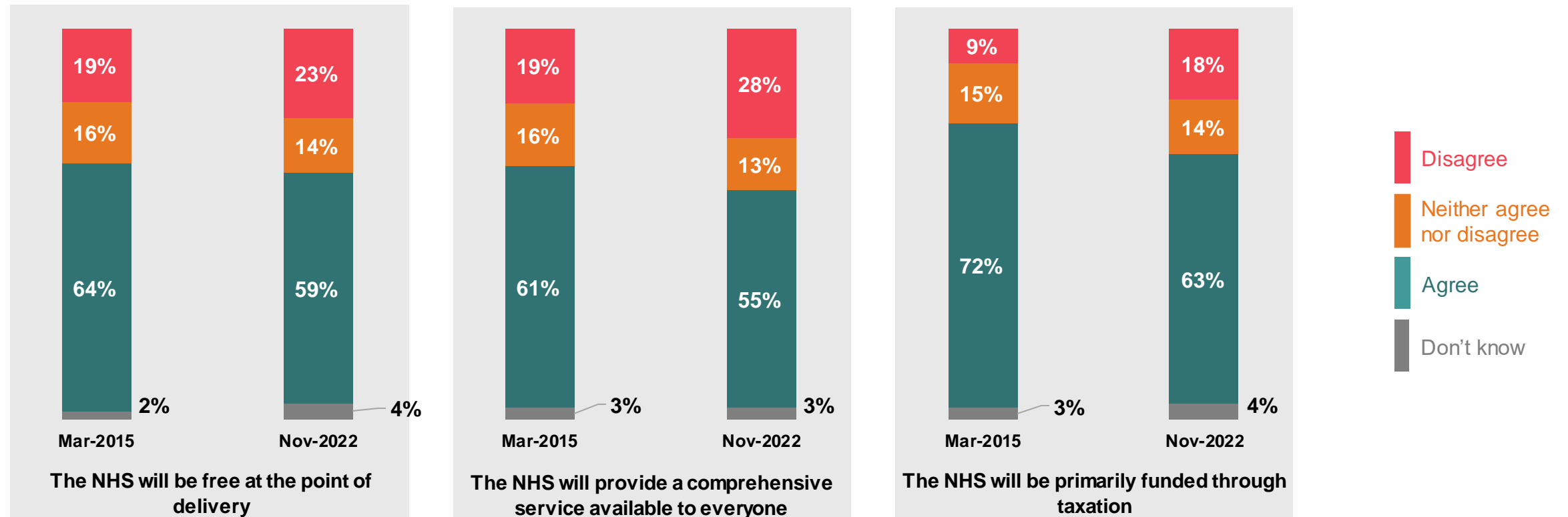


Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022. All conducted online via KnowledgePanel UK.

# The public are less likely to agree that these principles will still apply to the NHS in five years' time than they were in 2015

They are particularly less likely to agree that the NHS will provide a comprehensive service available to everyone (down from 61% in 2015 to 55% in 2022), and that the NHS will be primarily funded through taxation (down from 72% in 2015 to 63% in 2022).

And thinking about the NHS in five years' time, to what extent do you agree or disagree with the following statements...?



Base: Bases: Ipsos poll for The Health Foundation, March 2015 n = 1,792 13<sup>th</sup> – 29<sup>th</sup> March 2015 conducted via face-to-face interviews | All participants, Nov 2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022 conducted online via KnowledgePanel UK. Note: Findings from March 2015 were collected using a different methodology, and so comparisons should be treated with caution.

# Those who work in the NHS or have friends or family who do, are the only group who think the three principles will not apply to the NHS in five years

Those who intend to vote **Conservative** are more likely to think the principles should not apply to the NHS today, yet are also more likely to think the principles will still apply in five years' time.

## Should these principles apply today?

Those educated to the **graduate level**, who work in **managerial, administrative and professional occupations**, intend to vote **Labour**, or have used **any NHS service in the last year** are all more likely than the average to think either two or all three of these principles should still apply today.

Those who intend to vote **Conservative** are more likely than the average to think these principles should not apply today. Some **older age groups**, **devolved nations**, or **specific social grades** are also more likely to think some of these principles should not apply today, although there are less consistent views among these groups across principles.



## Will these principles apply in five years' time?

Those from **White ethnic backgrounds**, who are living in the **least deprived areas**, work in **managerial, administrative and professional occupations**, or intend to vote **Conservative**, are all more likely to think two or all three of these principles will still apply in five years' time.

**Those who work in the NHS or have friends or family who do** are more likely to think all three of these principles will not apply in five years. As well, those with at least a **graduate-level education** are more likely to think the NHS will no longer provide a comprehensive service (33%), nor be primarily funded through taxation (22%), compared to the average (28% and 18%).

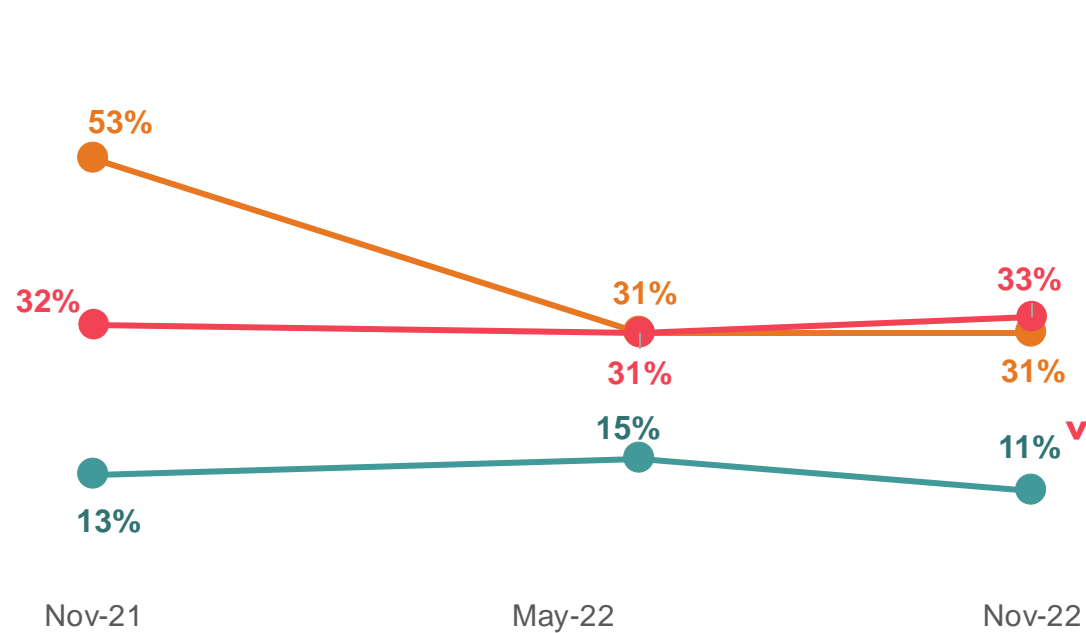
# General views on social care

# 06

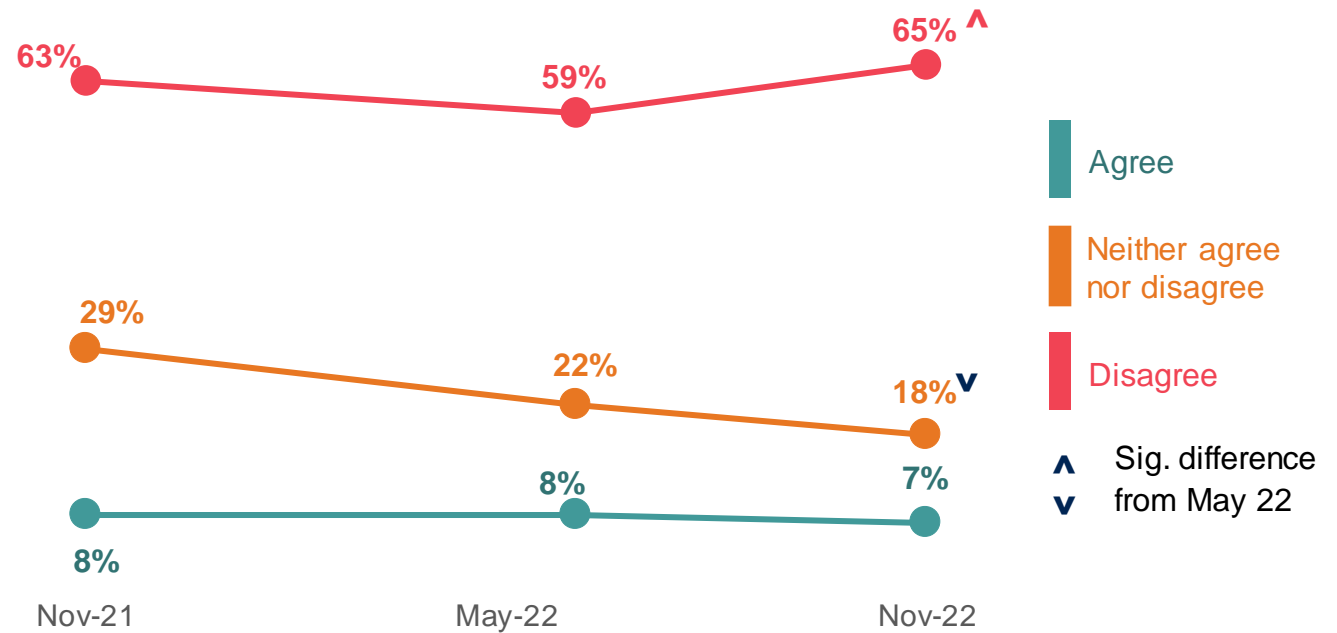
# The public are fairly divided about social care services in their area, and around two-thirds do not think the government has the right policies in place for social care

The public are more negative about government policies for social care in November 2022 (65%) than they were in May 2022 (59%).

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



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



Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, May 2022 n=2068 26<sup>th</sup> May – 1<sup>st</sup> June 2022, November 2021 n=2101 25<sup>th</sup> November – 1<sup>st</sup> December 2021. All conducted online via KnowledgePanel UK.

# Views of social care services differ among those who have used them and those who provide them



Those **aged 16-24** and who intend to vote **Conservative** are more likely to think social care services in their area are good and that the government has the right policies in place. Those who have **personally used social care services in the last year** and **social care workers\*** are more positive about government policies for social care.



Those **aged 55-74**, who live in **Yorkshire and the Humber** and the **East Midlands**, or who work in **managerial, administrative and professional occupations** are more likely to disagree that social care services in their area are good or that the government has the right policies in place for social care. People with **friends or family who have used social care services in the last year** are more likely to think the government does not have the right policies for social care.



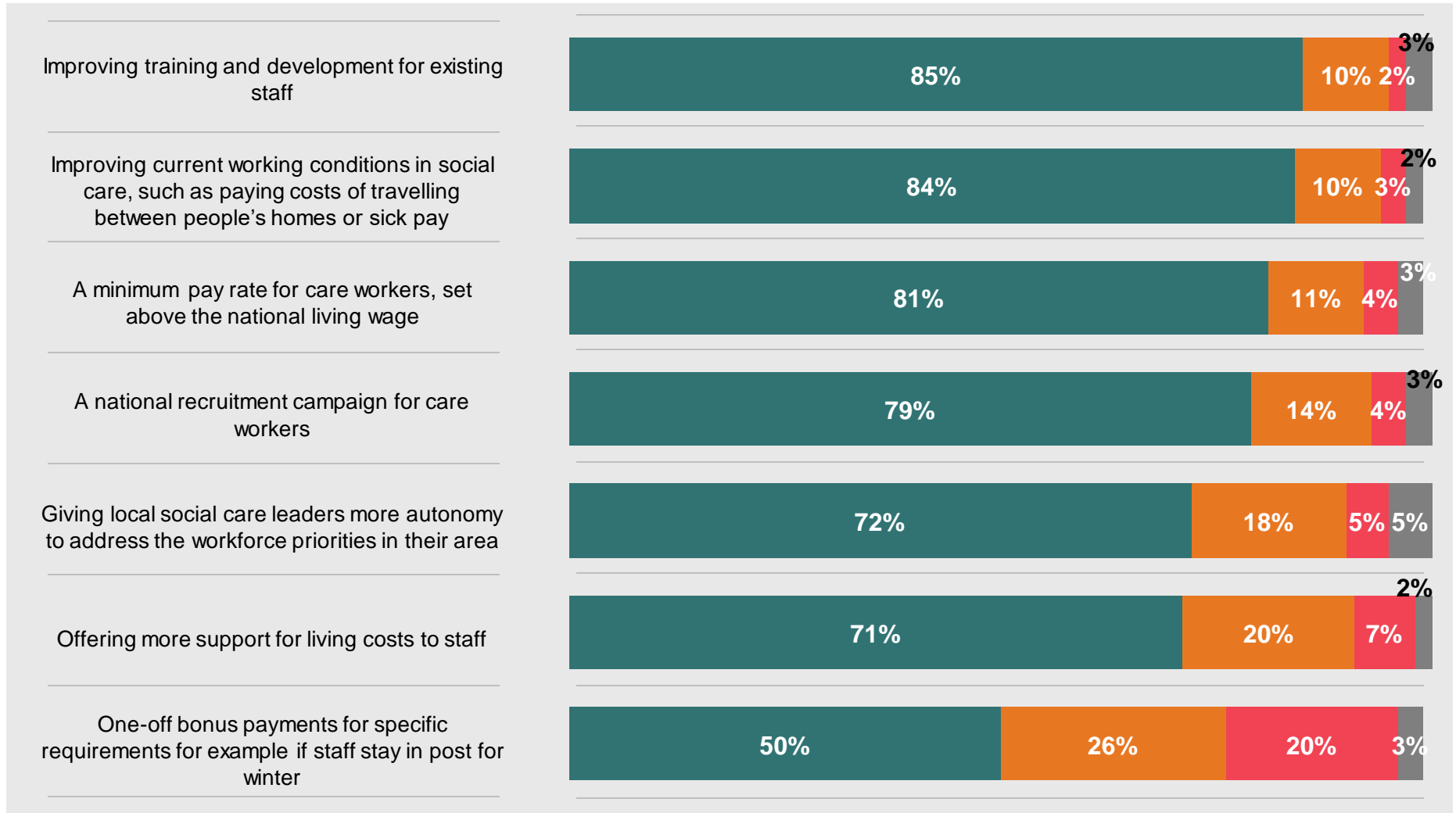
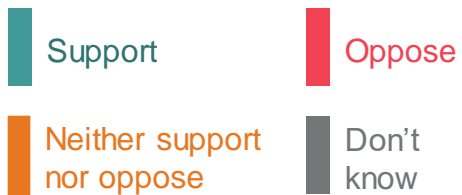
Those **who have used social care services in the last year** (themselves, or friends or family have), or are **social care workers**, are more likely to both agree and disagree that local social care services are good – they are more likely to give an opinion due to familiarity with social care services, although on balance they remain negative rather than positive.

*\*Please treat with caution as they are based on less than 100 participants*

# There is strong support for most measures to address current workforce shortages in social care, although there is less support for one-off bonus payments

Adult social care is currently facing major staff shortages. Below are some actions that could be taken to increase the number of staff in social care. These would require an increase in funding for social care, which may lead to more taxes for individuals or increase how much individuals have to pay for their social care.

To what extent do you support or oppose each of the following measures as a way of addressing current workforce shortages...?



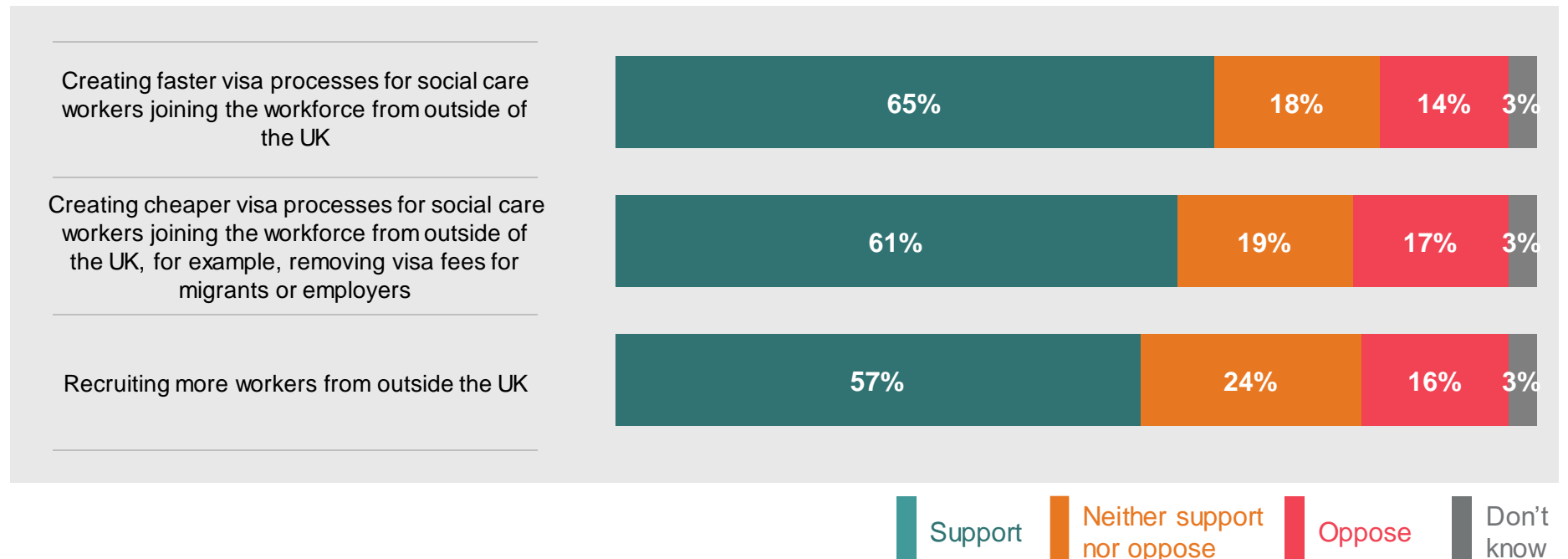
Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022. All conducted online via KnowledgePanel UK.

# In addition, while there is support for measures to address current workforce shortages in social care which involve changes to current UK immigration policies, there is generally less support for these measures than others

While the public support faster visa processes (65%), cheaper visa processes (61%) and recruiting more workers from outside the UK (57%), support is lower than for other measures to address workforce shortages.

The following actions to increase the number of staff in social care would require changes to current UK immigration policies.

To what extent do you support or oppose each of the following measures as a way of addressing current workforce shortages...?



Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022. All conducted online via KnowledgePanel UK.

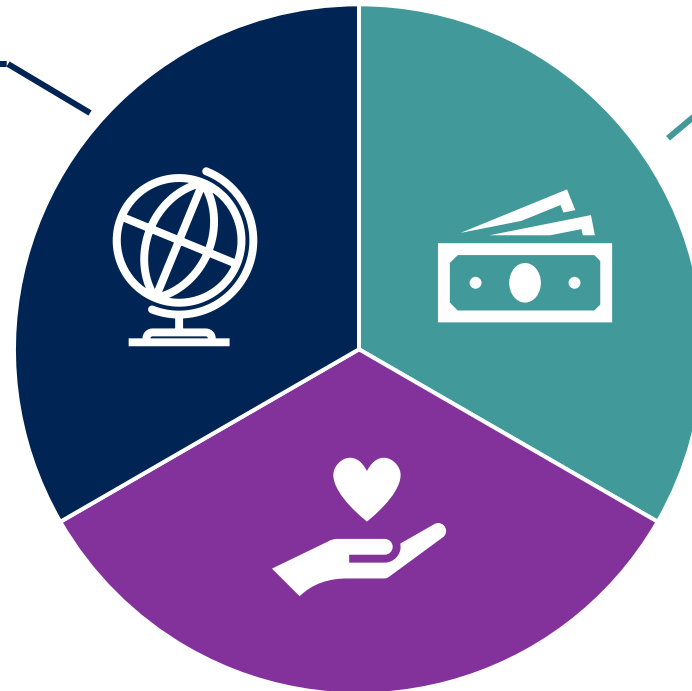


# Specific groups are more likely to support or oppose both the one-off bonus payment and actions that would require changes to immigration policies. Support for all other actions tend to differ by age, education, and use of NHS services

## One-off bonus payments

There tends to be more support for this policy among those aged 25-44 (57%), people from ethnic minority backgrounds (59%), households earning up to £26k (55%), or those who intend to vote Labour (56%) compared with the average (50%).

There tends to be more opposition for this policy among those aged 55+ (25%), those from White ethnic backgrounds (22%), with a vocational or professional qualification (30%)\*, with children in the household (22%), who work in managerial, administrative and professional occupations (23%), or those who intend to vote Conservative (28%)\* compared to the average (20%).



## Immigration-linked policies

Men, those with graduate degrees, households earning £52k or more, from the South, working in managerial, administrative and professional occupations, who intend to vote Labour, Liberal Democrat, or Green Party, or have used any NHS service, are all more likely to support these policies compared with the average.

Those from older age groups, non-graduates, who working in lower supervisory and technical occupations, or intend to vote Conservative or Other, are all more likely to oppose these policies compared with the average.

## All other policies

With a few exceptions, there tends to be greater support for all other actions among middle to older age groups, those from White ethnic backgrounds, with graduate degrees, without children in the household, living in households earning between £52 - £99k, living in rural areas, working in managerial, administrative and professional occupations, who intend to vote Labour, or have used any NHS service, compared to the average.

Those from younger age groups, those working full-time, living in the most deprived areas, or from the West Midlands, are more likely to oppose these policies.

*\*Please treat with caution as they are based on less than 100 participants*

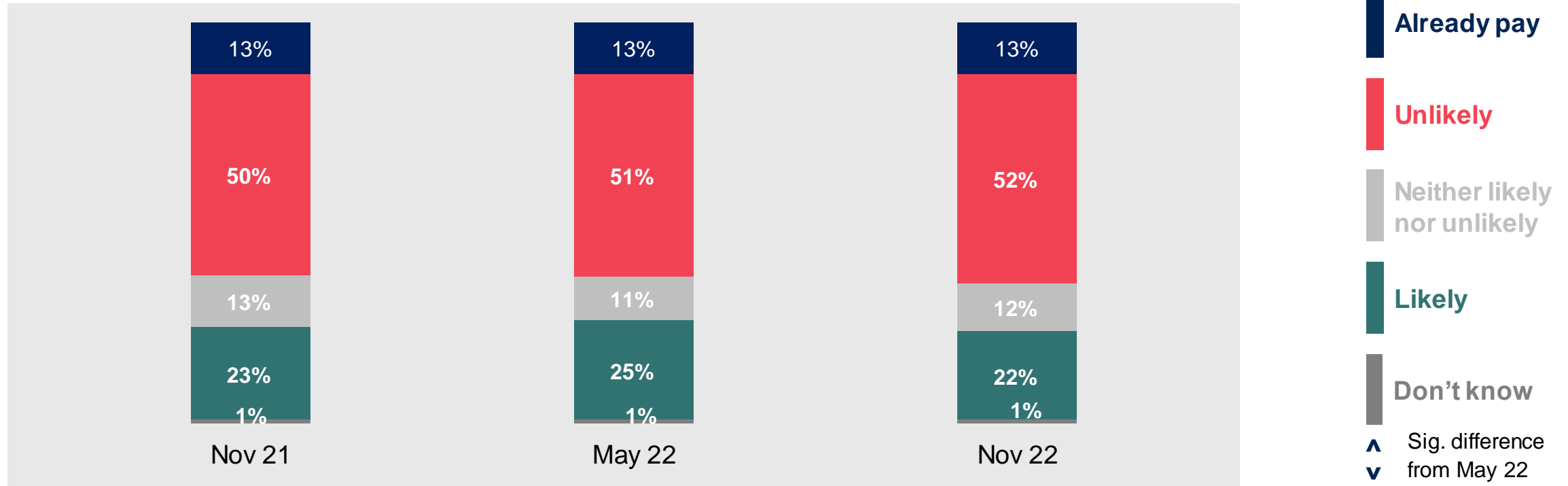
# Views on private healthcare

# 07

# Roughly half of the public say they would be unlikely to pay for private health insurance or private health; slightly less than half are likely to pay, or already do

The public are as likely to pay for private health insurance or private healthcare as they were in November 2021 and May 2022 (13% across all periods).

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

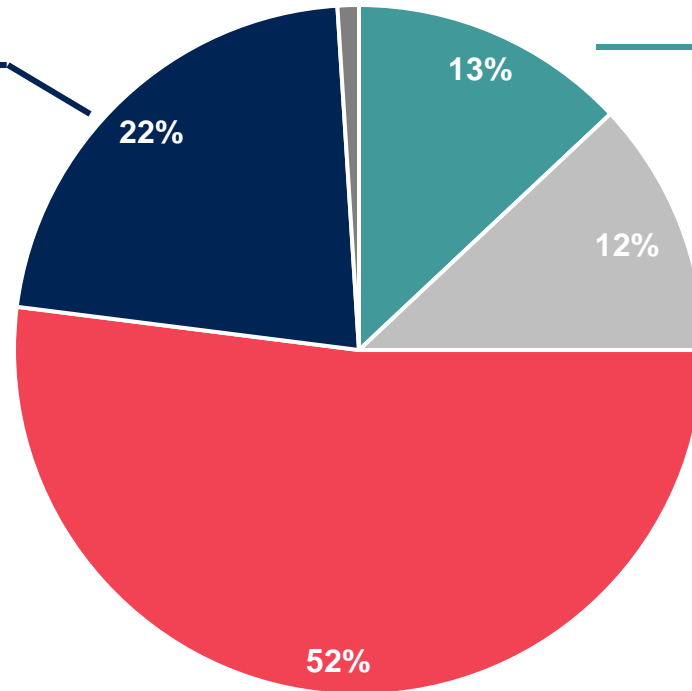


Bases: All participants, Nov 2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, May 2022 n=2068 26<sup>th</sup> May – 1<sup>st</sup> June 2022, November 2021 n=2101 25<sup>th</sup> November – 1<sup>st</sup> December 2021. All conducted online via KnowledgePanel UK.

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

## Already pay

**Men** (16%), those **aged 35-44** (17%)\*, who work **full-time** (17%), who are educated to at least **graduate** level (18%), live in households earning **£52k and above** (31%), live in the **South of England** (17%), are from **rural** areas (16%)\*, live in the **least deprived areas** (19%)\*, work in **managerial, administrative and professional occupations** (17%), or intend to vote **Conservative** (17%)\* or **Liberal Democrat** (26%)\* are all more likely to already pay for private healthcare than the average (13%).



## Likely to pay

Those who live in households **earning £26k-£51k** (28%), are in **rural** areas (26%), or intend to vote **Conservative** (30%)\* are all more likely to say they would pay for private health insurance or healthcare than the average (22%).

## Unlikely to pay

**Women** (55%), those who are **not working** (56%), who are **non-graduates** (55%), live in **households earning up to £25k** (64%), live in **Scotland** (62%), are from **urban areas** (54%), work in **intermediate, or semi-routine occupations** (62% and 63%), or intend to vote **Labour** (59%) are all more unlikely to pay for private health insurance than the average (52%).

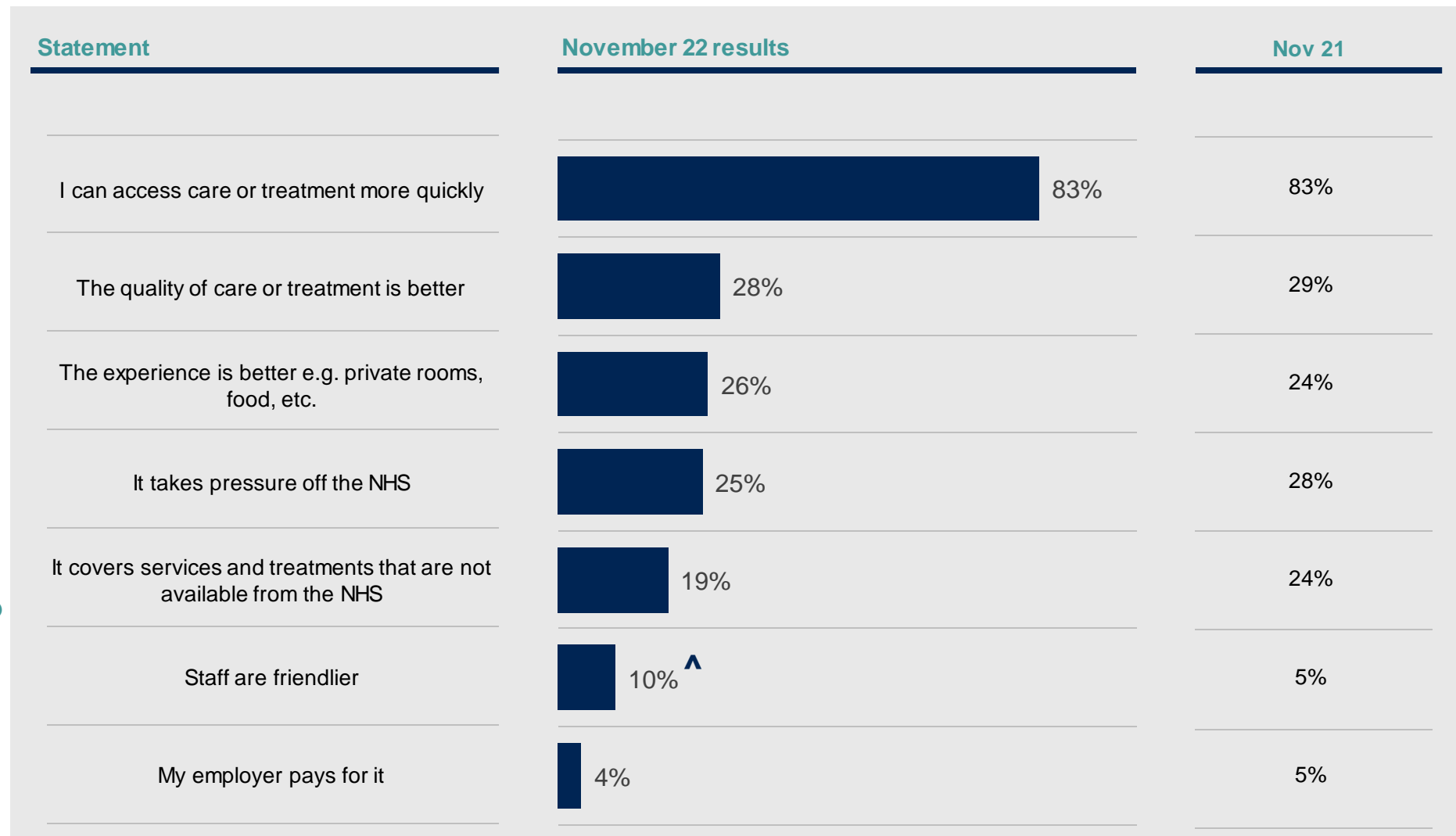
*\*Please treat with caution as they are based on less than 100 participants*

# The majority of those who pay or would be likely to pay for private healthcare or insurance would do so to access care or treatment more quickly

These findings have remained stable, though they are a little more likely to say they pay (or would pay) due to staff being friendlier (up from 5% in Nov 2021 to 10% in Nov 2022)

▲ Sig. difference  
▼ from Nov 21

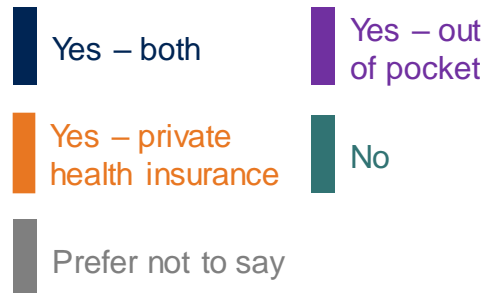
You mentioned you currently pay for, or would be likely to pay for, private healthcare or private health insurance. Why is that?



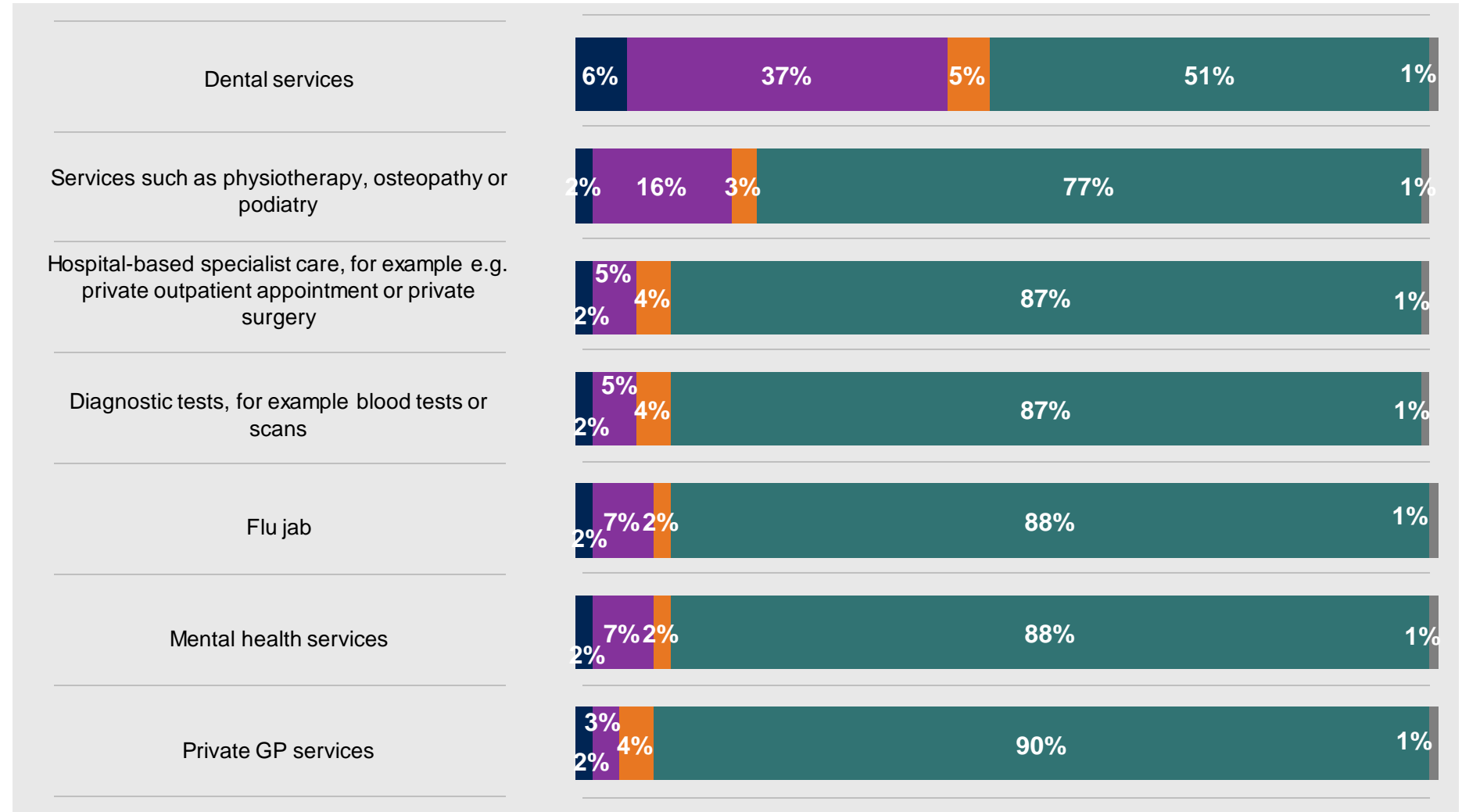
Bases: All participants, Nov 2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, November 2021 n=2101 25<sup>th</sup> November – 1<sup>st</sup> December 2021. All conducted online via KnowledgePanel UK.

# The services the public are most likely to access via private health insurance or out of pocket payments are dental services, followed by physiotherapy services

Payment for other services remains relatively low overall



In the past year, have you used private health insurance or paid out of pocket (i.e. paid directly) for any of the following health services, or not?



Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022. All conducted online via KnowledgePanel UK.

# Those who have the income and the need for health services are more likely to pay for them

Some services are demographic specific; for example, young people are more likely to pay for mental health services.

## GPs and flu jabs

Younger and middle age groups, people from ethnic minority backgrounds, those working full-time, educated to at least graduate level, or who have children in the household are all more likely to have paid for private GPs and flu jabs. Those who are living in the most deprived areas (15%)\* are more likely to have paid for flu jabs (10%).

## Specialist services (dental, physio, mental health)

Those who live in the least deprived areas, who work in managerial, administrative and occupation positions, or who live in the South are more likely to have paid for dental and physiotherapy services.

Those aged 16-34 (18%) are more likely to have paid for mental health services compared to the average (11%).



## Hospital-based services

Those living in the South or who work in managerial positions are more likely to have paid for specialty hospital services and diagnostic services.

People from ethnic minority backgrounds (23%)\* or graduates (15%)\* are more likely to have paid for diagnostic services compared to the average (11%).

## All services

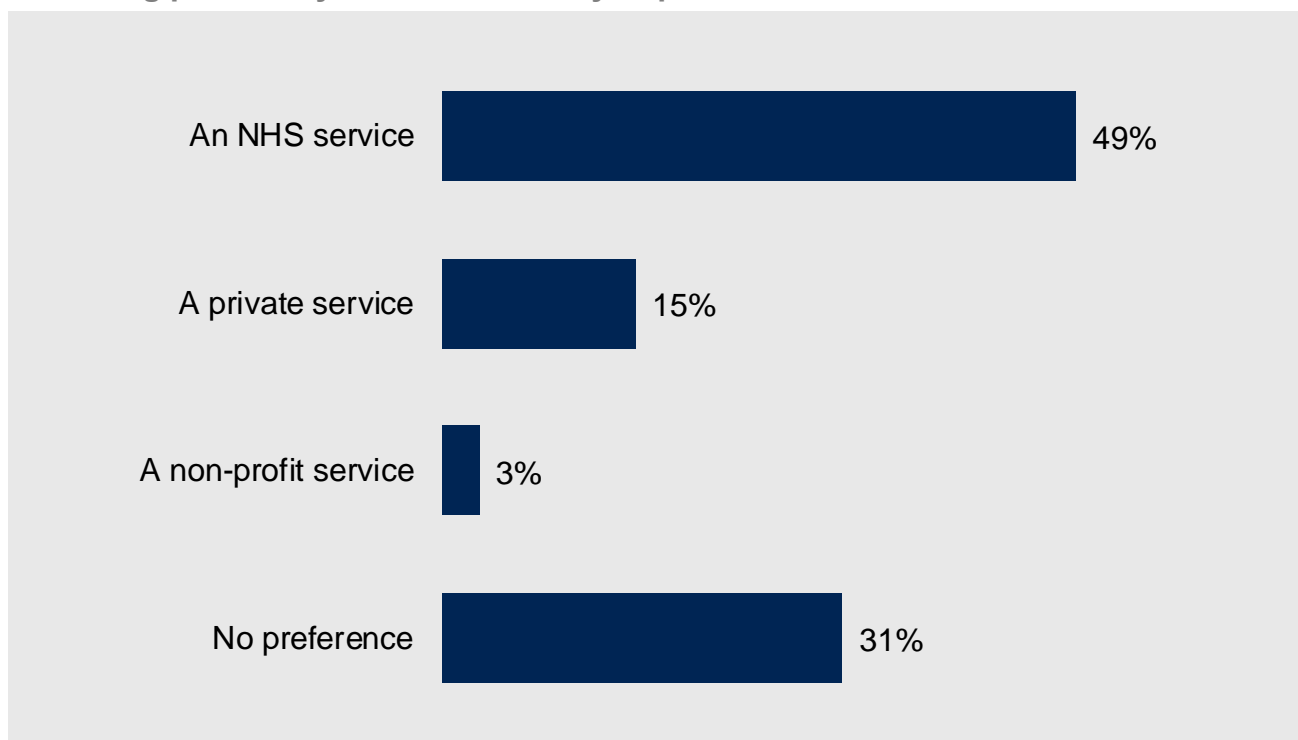
Across all services, those who have a household income above £100k or have used six or more NHS services are more likely to have paid for all services compared to the average.

*\*Please treat with caution as they are based on less than 100 participants*

# Around half of the public would prefer to receive NHS-funded hospital treatment from an NHS service if given the choice, rather than a private or non-profit service

However, around one-third (31%) have no preference.

Imagine you were a patient about to have hospital treatment and that this treatment was being paid for by the NHS. Would you prefer to receive the treatment from...?



Those aged **35-44** (56%), with **household earnings of up to £26k** (56%), who live in **Scotland** (62%), work in an **intermediate occupation** (56%), or intend to vote **Labour** (64%) are all more likely to prefer treatment from an NHS service than the average (49%).

Those who live in the **South** (18%), work in a **managerial, administrative and professional occupation** (17%), or intend to vote **Conservative** (21%)\* are all more likely to prefer treatment from a private service than the average (15%).

Bases: All participants, Nov 2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022. All conducted online via KnowledgePanel UK.

\*Please treat with caution as they are based on less than 100 participants



# Views on funding for the NHS

# 08

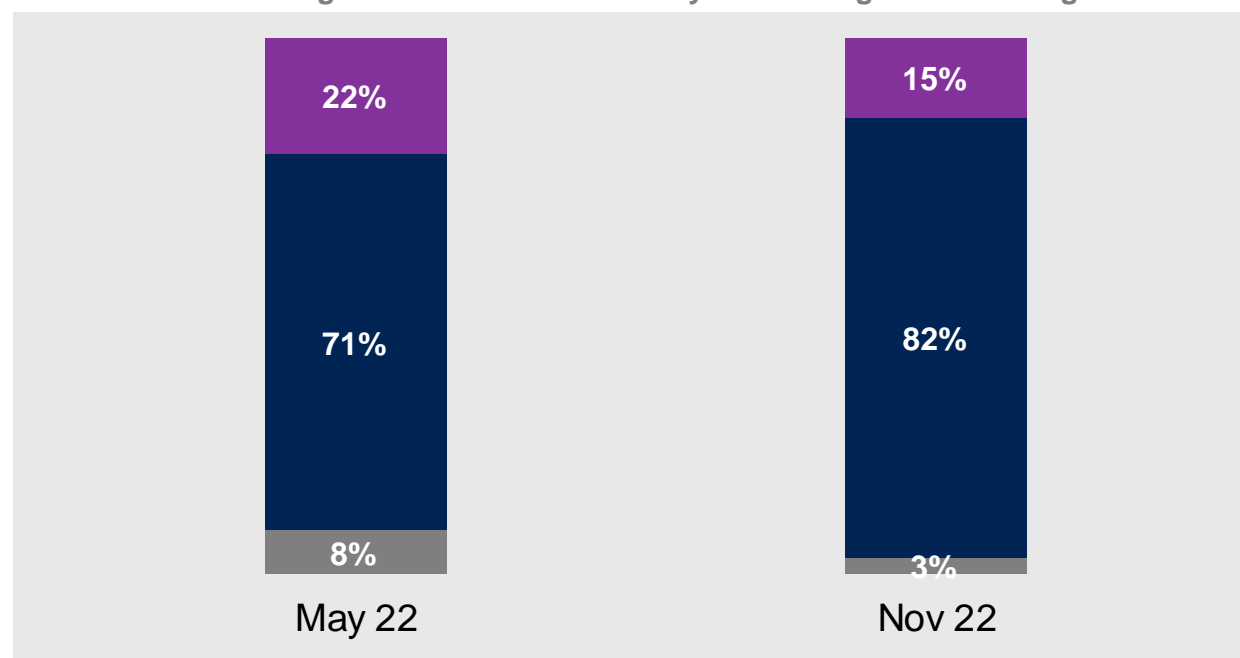
# The majority of the public think the NHS needs an increase in funding

While 82% think the NHS needs an increase in funding, just 15% think the NHS does not need further funding and should operate within its current budget. The public are more likely to think further funding is needed in November 2022 than in May 2022, though it should be noted that in the intervening period the health and social levy has been rescinded and the question wording updated.

Those aged 65+ (25%), living in the least deprived areas (19%)\*, who are small employers and their own account workers (28%)\*, and who intend to vote Conservative (36%) are more likely to think the NHS should operate within its current budget than the average (15%).

Women (85%), those aged 24-35 (90%), graduates (85%), or those who intend to vote Labour (94%) or Green Party (94%) are more likely to think the NHS needs an increase in funding compared to the average (82%).

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



The NHS needs an increase in funding

The NHS does not need further funding and should operate within its current budget

Don't know

\*Please treat with caution as they are based on less than 100 participants

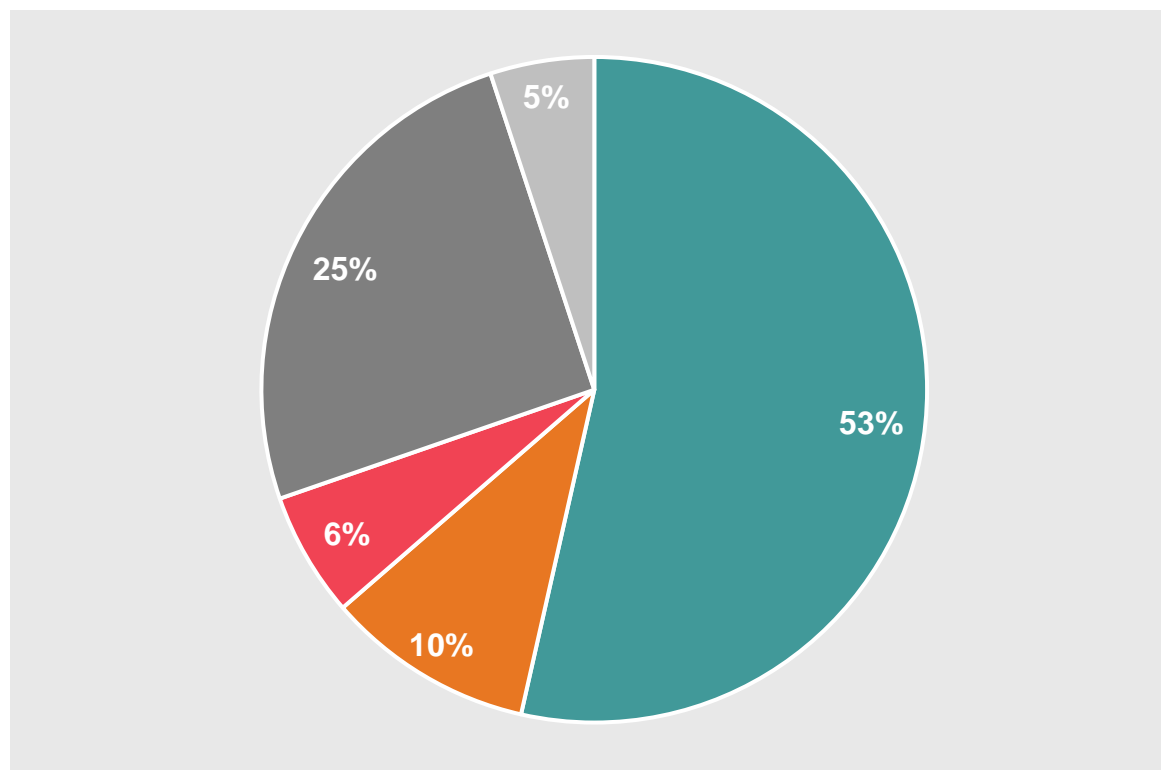
Bases: All participants, Nov 2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, November 2021 n=2101 25<sup>th</sup> November – 1<sup>st</sup> December 2021. All conducted online via KnowledgePanel UK. \*Note: wording has changed from May 22, so comparisons should be comparative only. May 2022 answer option was 'The NHS needs a further increase in funding beyond the new tax'

# Similarly, a little over half of the public would like to see taxes increase to maintain the level of spending needed to provide care and services by the NHS

Overall, 53% would like to see an increase in taxes. This is in preference to reducing spending on other services (10%) or reducing the NHS' level of care and services (6%). One-quarter (25%) would not like to see any of these solutions.

Many experts argue that it is becoming more expensive to fund the NHS because of increasing costs of treatments, an ageing population and several other factors. This means that even in order to maintain the current level of care and services provided for free by the NHS, spending on the NHS would have to increase.

With that in mind, which, if any, of the following would you most like to see?



- Increase taxes in order to maintain the level of spending needed to keep the current level of care and services provided by the NHS
- Reduce spending on other services such as education and welfare, in order to maintain the level of spending needed to keep current levels of care and services by the NHS
- Reduce the level of care and services provided by the NHS so that you do not need to increase the current level of taxation and spending on the NHS
- None of these
- Don't know

Bases: All participants, Nov 2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022. All conducted online via KnowledgePanel UK.

# These views appear to differ most prominently by age and voting intention, although there are a number of other factors that come into play

## Increase taxes

Those **aged 65+** (67%), from **White ethnic backgrounds** (56%), **graduates** (61%), **people with children in their household** (56%), living in the **least deprived areas** (59%), working in **managerial, administrative and professional occupations** (58%) intend to vote **Labour** (64%) or **Green Party** (72%), or have used **any NHS services in the last year** (55%) are all more likely to think taxes should be increased to keep the current level of care and services provided by the NHS (53% overall).

## None of these

Those living in **the North East** (39%)\* and **North West** (33%)\*, who intend to vote **other** (36%)\*, **would not vote** (41%)\* or are **undecided** (30%), are all more likely to think none of these solutions are suitable (25% overall).



## Reduce spending on other services

Those **aged 16-24** (24%)\*, **non-graduates** (12%), or who live in **households earning up to £26k** (14%)\* are all more likely to think that spending should be reduced on other services, such as education and welfare, in order to maintain the level of spending needed to keep the current level of care and services provided by the NHS (10% overall).

## Reduce level of care/services in NHS

**Men** (8%)\*, those **working full-time** (8%)\*, or those who **intend to vote Conservative** (9%)\* are all more likely to think the level of care and services provided by the NHS should be reduced so the current level of taxation does not need to be increased (6% overall).

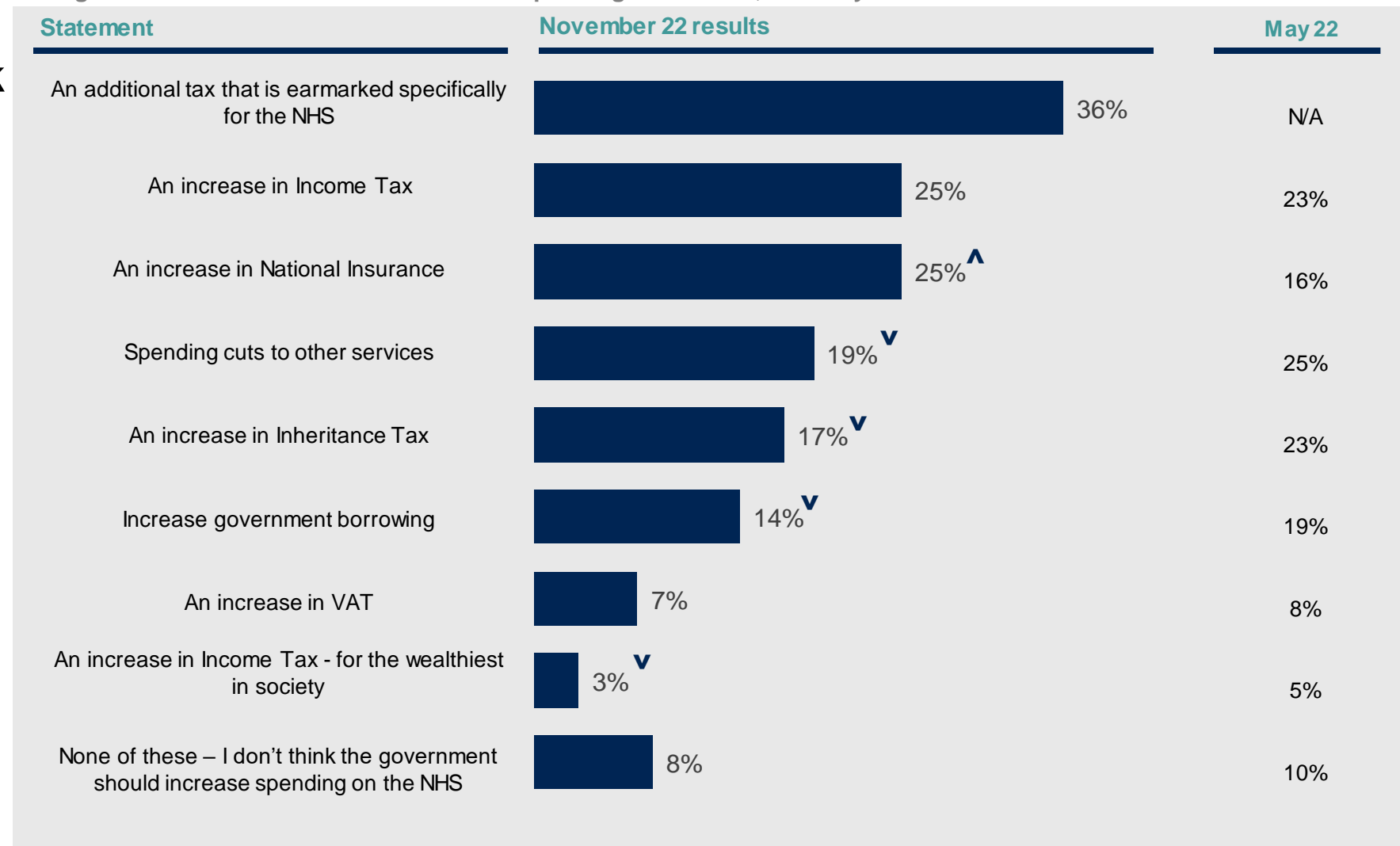
*\*Please treat with caution as they are based on less than 100 participants*

# If the government were to increase spending on the NHS, the public 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

There is increased support for an increase to National Insurance (25%) and decreased support for spending cuts to other services (19%), an increase in inheritance tax (17%), and an increase in government borrowing (14%) compared to May 2022.

▲ Sig. difference  
▼ from May 22

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



Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, May 2022 n=2068 26<sup>th</sup> May – 1<sup>st</sup> June 2022. All conducted online via KnowledgePanel UK.

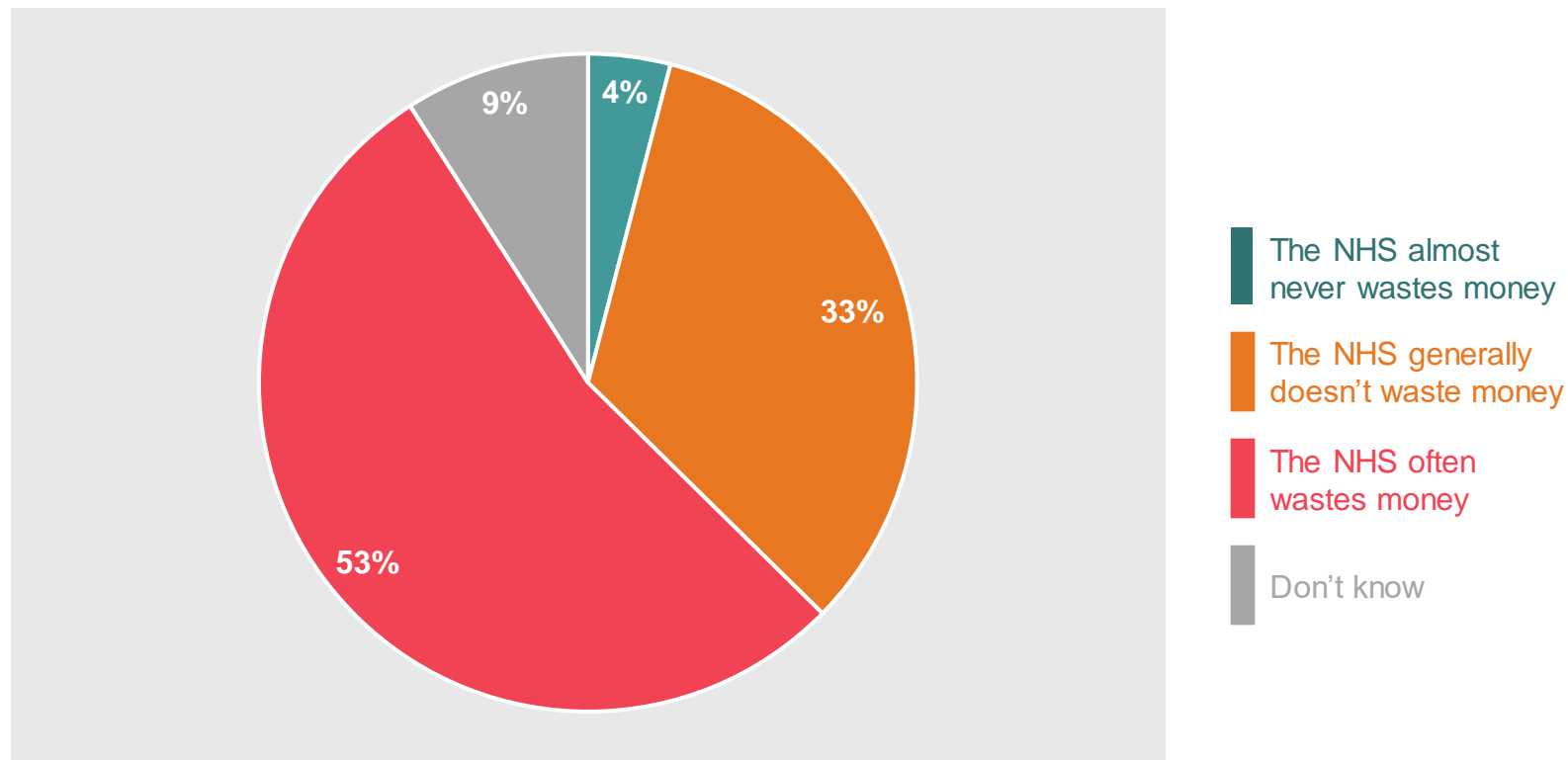
# A little over half the public thinks the NHS often wastes money, whilst a third think it generally doesn't waste money.

Very few members of the public think the NHS almost never wastes money (4%), suggesting the public think the NHS is inefficient in how it operates.

Thinking about the NHS as a whole, which of the following statements best reflects your views on the way the NHS uses money?

**Men (56%), those aged 55+ (70%), those from a White ethnic background (56%), who live in less deprived areas (62%), work in managerial, administrative and professional occupations (58%), or intend to vote Conservative (77%)** are all more likely to think the NHS often wastes money (53% overall).

Those **aged 16-34 (46%)\*** or intend to vote **Labour (45%)\*** are more likely to think the NHS doesn't generally waste money (33% overall).



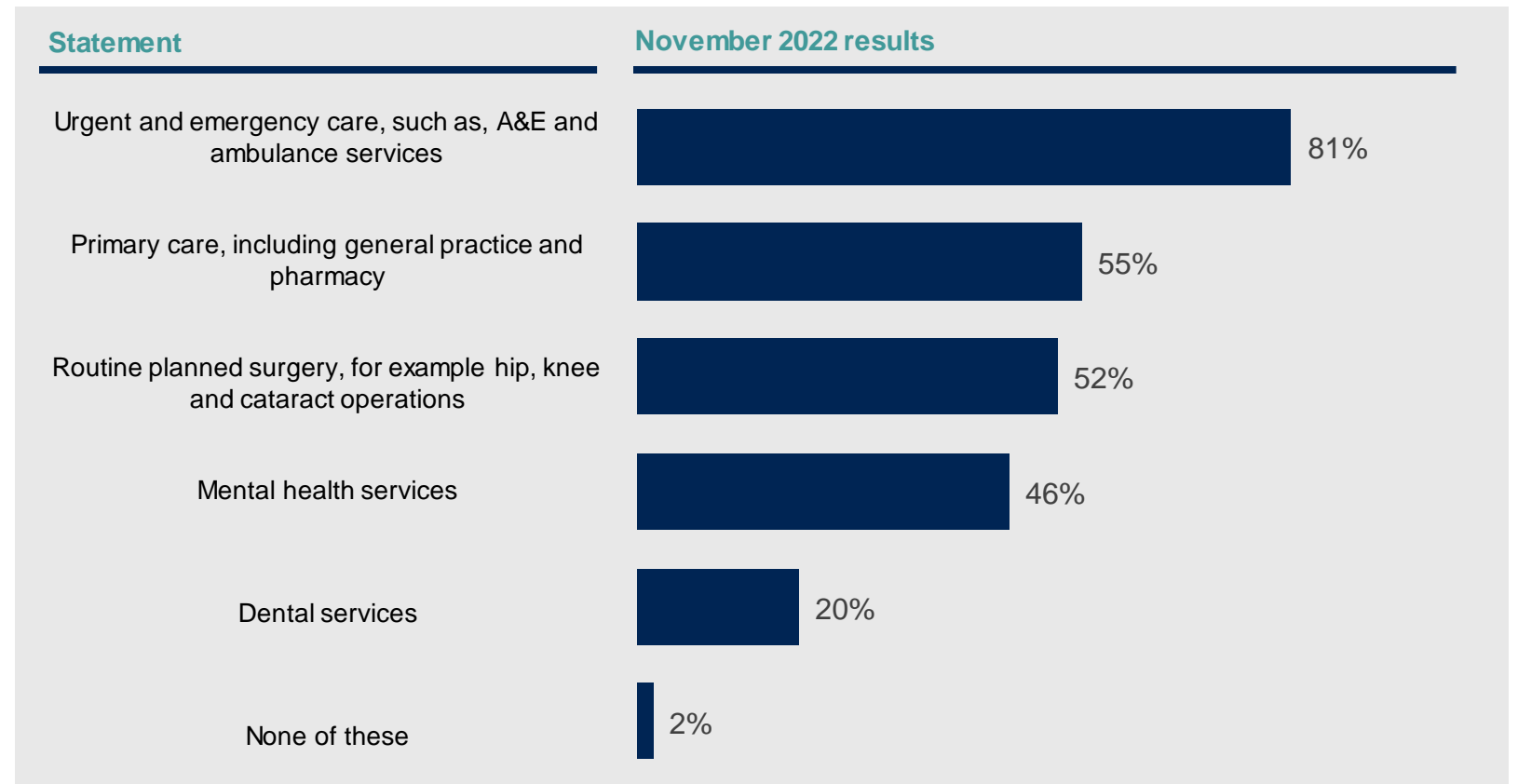
*\*Please treat with caution as they are based on a small number of participants*

*Bases: All participants, Nov 2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022. All conducted online via KnowledgePanel UK.*

# If the government does not increase the NHS budget, the public think urgent and emergency care should be the top priority for funding

Urgent and emergency care is the top priority for 81% of the public, although there is also support for primary care (55%), routine planned surgery (52%), and mental health services (46%).

If the Government does not increase the NHS budget, which two or three, if any, of the following do you think should be prioritised for funding?



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

Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022. All conducted online via KnowledgePanel UK.

# Attitudes towards GP practices and appointments

# 09

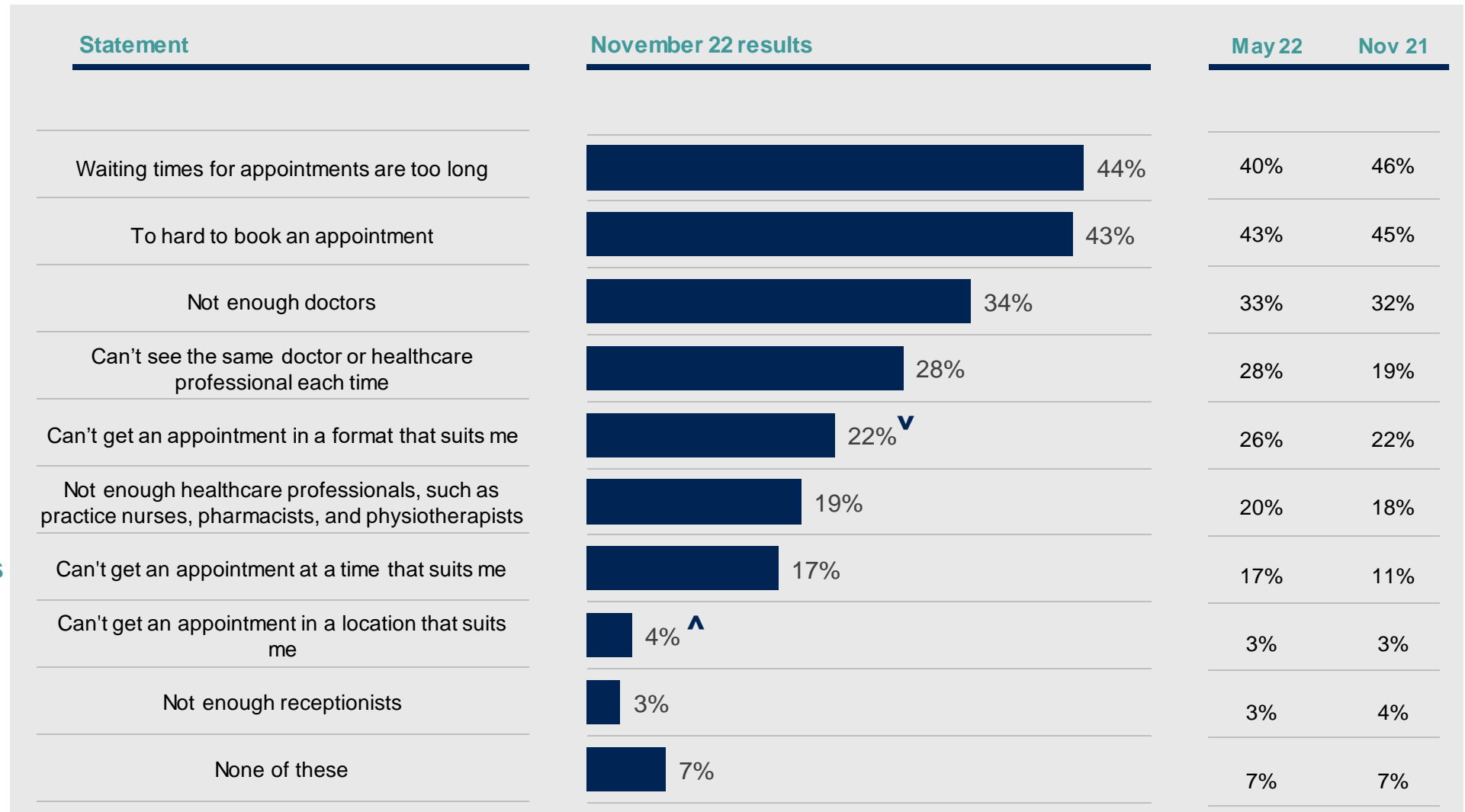


# The public continue to view waiting times and booking appointments as the biggest challenges facing GP practices

Waiting times and it being too hard to book an appointment are seen as the biggest challenges by 44% and 43% respectively. There are very few differences across groups, meaning the public generally agree on the challenges facing their GP practices.

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

▲ Sig. difference from May 22  
▼



Bases: All participants, Nov 2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, May 2022 n=2068 26<sup>th</sup> May – 1<sup>st</sup> June 2022, November 2021 n=2101 25<sup>th</sup> November – 1<sup>st</sup> December 2021. All conducted online via KnowledgePanel UK.

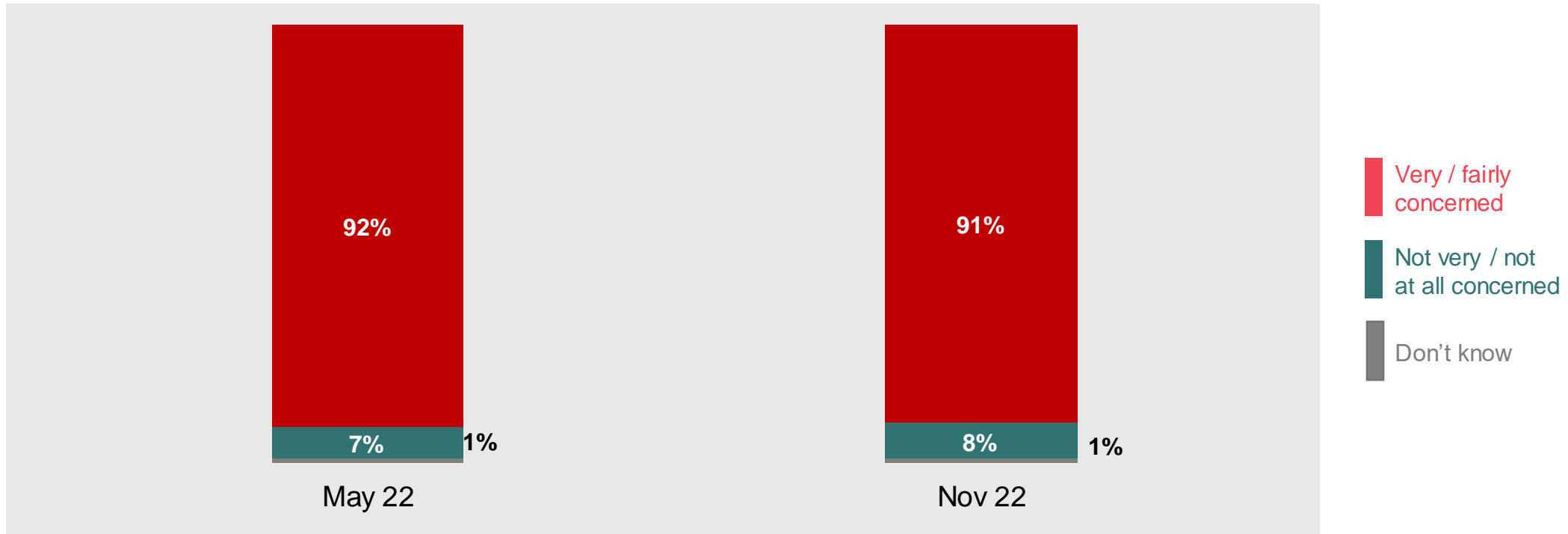
# Views on the cost of living crisis

# 10

# The public continue to be concerned about increases to the cost of living

Nearly all (91%) say they are concerned; this concern is consistent with May 2022.

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

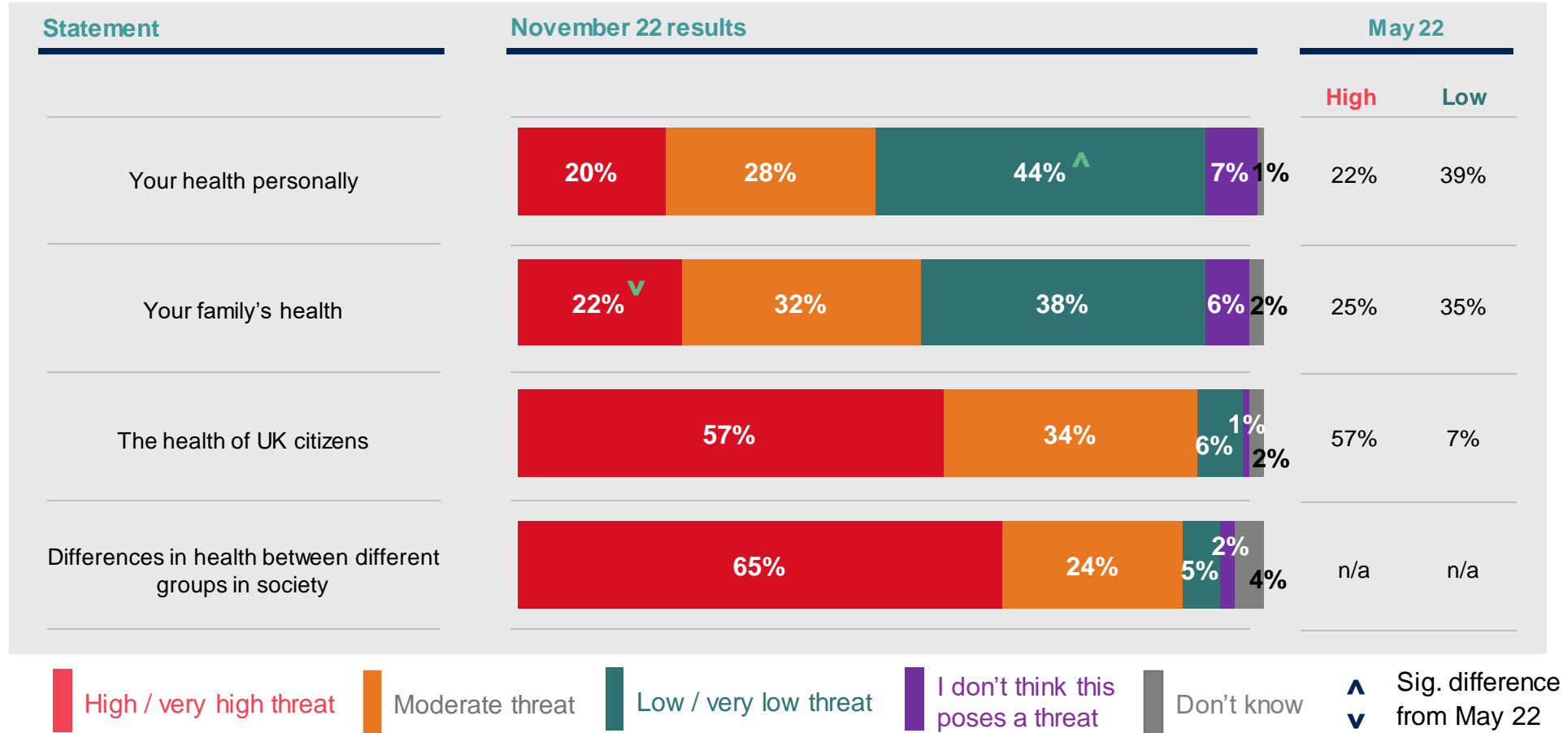


Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, May 2022 n=2068 26<sup>th</sup> May – 1<sup>st</sup> June 2022. All conducted online via KnowledgePanel UK.

# The public tend to view increases to the cost of living as the highest threat to differences in health and the health of UK citizens

While 65% see it as a threat to differences in health, and 57% to the health of UK citizens, the public tend to view it as less of a threat to their own personal health (20%) and their family's health (22%).

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



Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, May 2022 n=2068 26<sup>th</sup> May – 1<sup>st</sup> June 2022. All conducted online via KnowledgePanel UK.

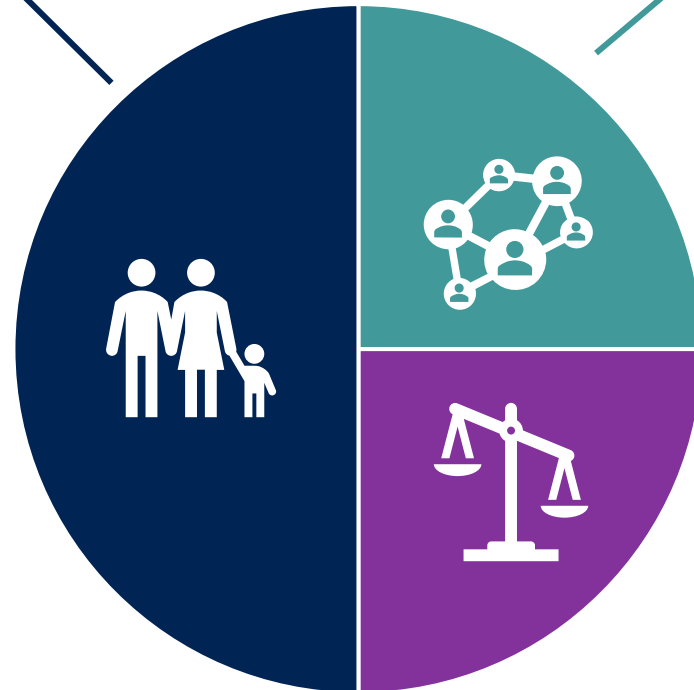
# Less affluent groups tend to perceive the cost of living as a higher threat to both their own personal health and their family's health

NHS and social care workers are more likely to see the cost of living as a high threat to all groups.

## Personal and family health

Those aged 25-44, people from ethnic minority backgrounds, living in households earning up to £26k, those living in the North and the Midlands, those living in the most deprived areas, as well as NHS workers and social care workers, are all more likely to see increases to the cost of living as a high threat to both themselves and their family, compared to the average.

Additionally, non-graduates (21%) are more likely to view the cost of living as a threat to themselves compared to the average (20%).



## Health of people in the UK

Women (61%), those aged 25-44 (67%), those in the West Midlands (71%), those living in the most deprived areas (66%), who intend to vote Labour (68%), or are NHS or social care workers\* (70% and 77%), are all more likely to see increases to the cost of living as a high threat to the health of people in the UK compared to the average (57%).

## Differences in health

Women (67%), those aged 25-44 (74%), from White ethnic backgrounds (66%), who work full-time (69%), are graduates (79%), live in households earning £52k and over (75%), live in Scotland (75%), work in managerial, administrative and professional occupations (69%), intend to vote Labour (74%), or are NHS or social care workers\* (83% and 85%) are all more likely to see increases to the cost of living as a threat to differences in health compared to the average (65%).

*\*Please treat with caution as they are based on less than 100 participants*

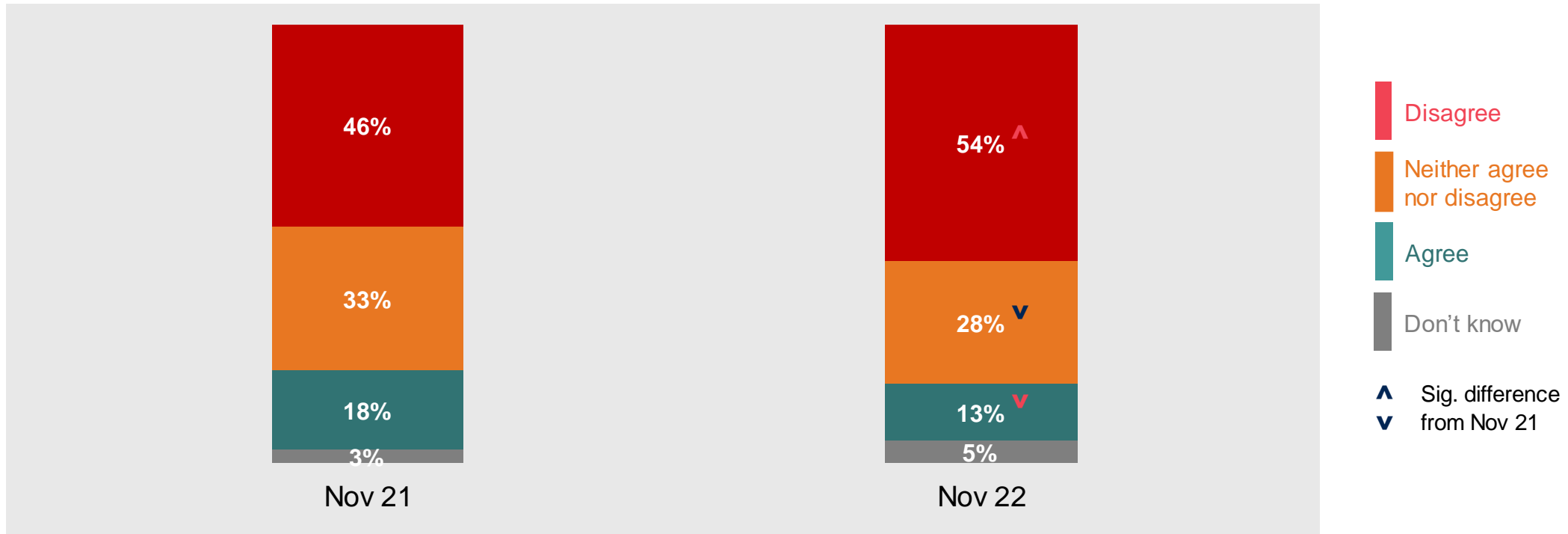
# Views on public health and government interventions

# 11

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

The public are more likely to think the government does not have the right policies in place than in November 2021 (54% compared with 46%).

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



Bases: All participants, Nov 2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, November 2021 n=2101 25<sup>th</sup> November – 1<sup>st</sup> December 2021. All conducted online via KnowledgePanel UK.

# Those who are more affluent, intend to vote Labour, and have used NHS services tend to have a more negative view of government policies

Social care workers and those who know someone who has used social care services personally have a more positive view of government policies.

## Demographic differences

Those aged **25-34** (66%) or who intend to vote **Labour** (65%) are more likely than the average (54%) to disagree that the government has the right policies in place to improve public health.

Conversely, individuals aged **16-24** (22%)\* are more likely than the average (13%) to think the government has the right policies in place.

## Regional differences

Individuals who live in the **North East** (25%)\* or **East of England** (20%)\* are more likely to agree that the government has the right policies in place (13% overall).



## Use of services and worker status

Those who have accessed **NHS 111** (63%) or **Mental Health** services (66%) are more likely than the average (54%) to think that the government does not have the right policies in place.

**Social care workers** (32%)\* or individuals who know **someone who has used social care services** (31%)\* are more likely to agree that the government has the right policies in place (13% overall).

## Education and social class

**Graduates** (66%), **full-time workers** (61%), households earning **£52k-£99k** (65%) or those who are in **managerial roles** (61%) are more likely than the average to disagree that the government has the right policies in place (54% overall).

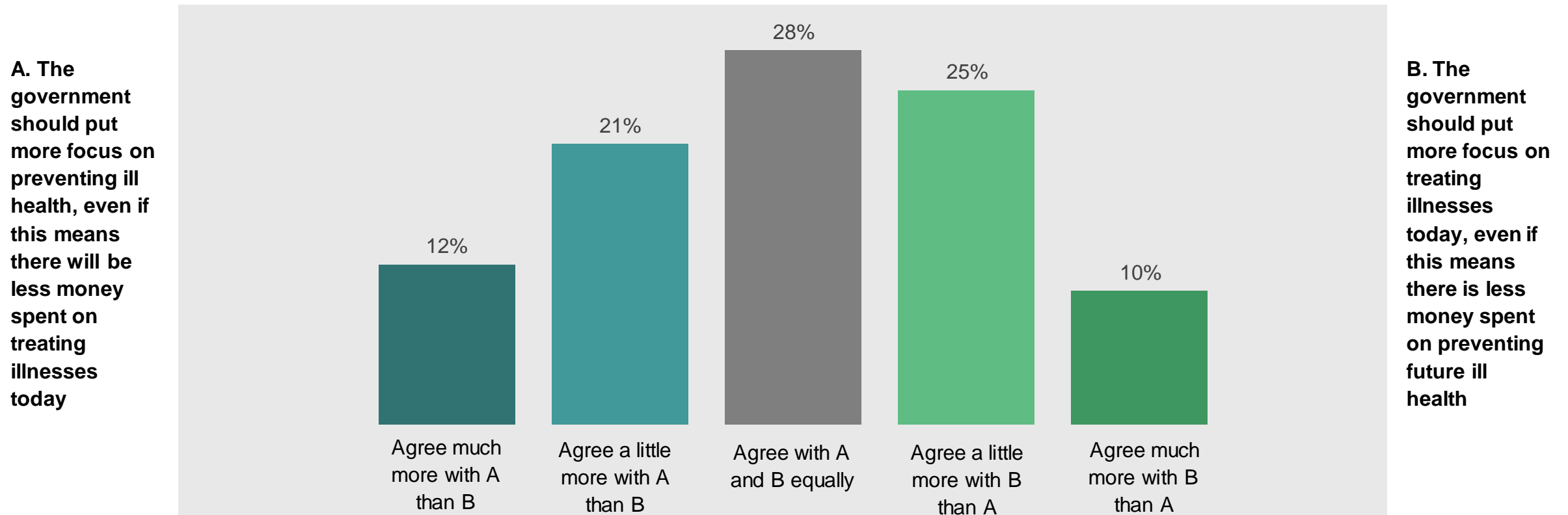
*\*Please treat with caution as they are based on less than 100 participants*



# The public are generally divided as to whether the government should focus resources on preventing ill health or treating illnesses today

Those who are older or have a health condition are more likely to think the government should focus resources on treating illness today, whereas those who know an NHS worker tend to think the government should focus on preventing ill health.

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

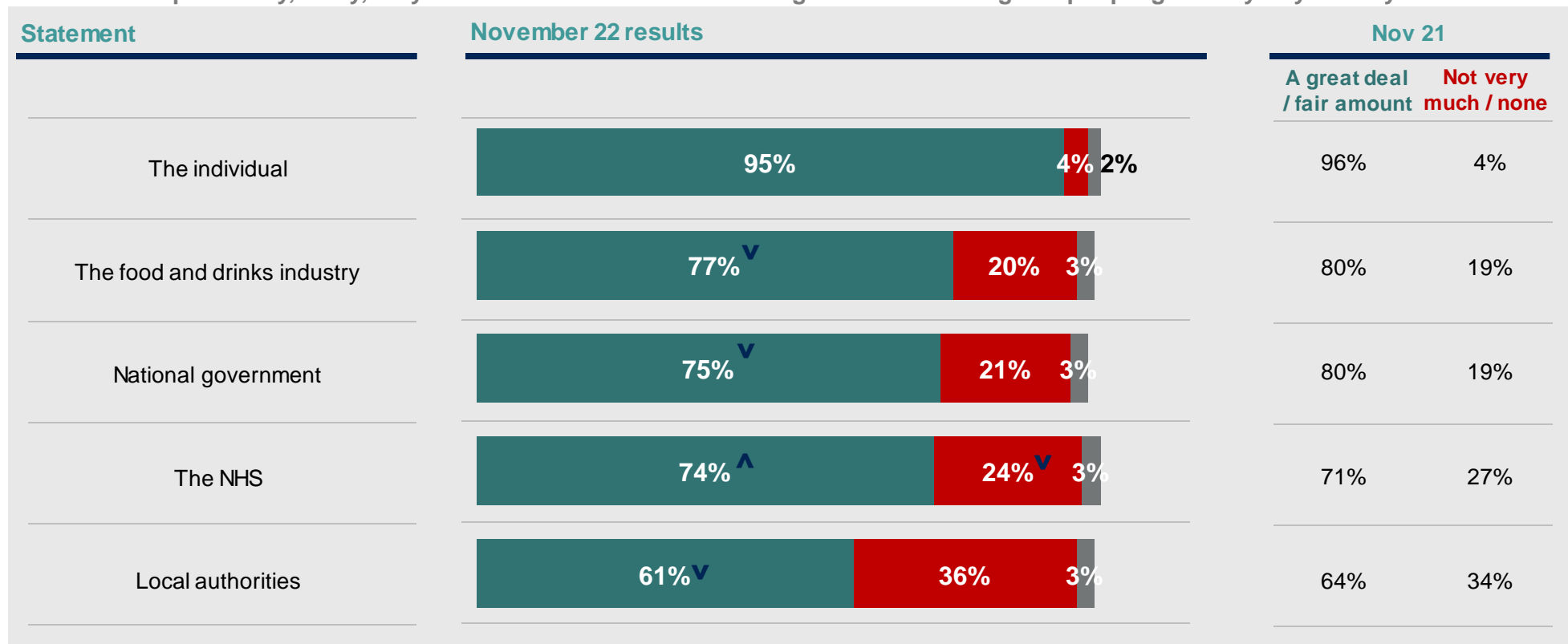


Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022. All conducted online via KnowledgePanel UK.

# The public tend to think the individual has the most responsibility for ensuring people stay healthy and local authorities have the least

A slightly higher proportion (74%) think the NHS has responsibility for ensuring people stay healthy than in November 2021 (71%), whilst a lower proportion think the food and drinks industry (down from 80% to 77%), national government (down from 80% to 75%), and local authorities (down from 64% to 61%) have responsibility.

How much responsibility, if any, do you think that each of the following have for ensuring that people generally stay healthy?



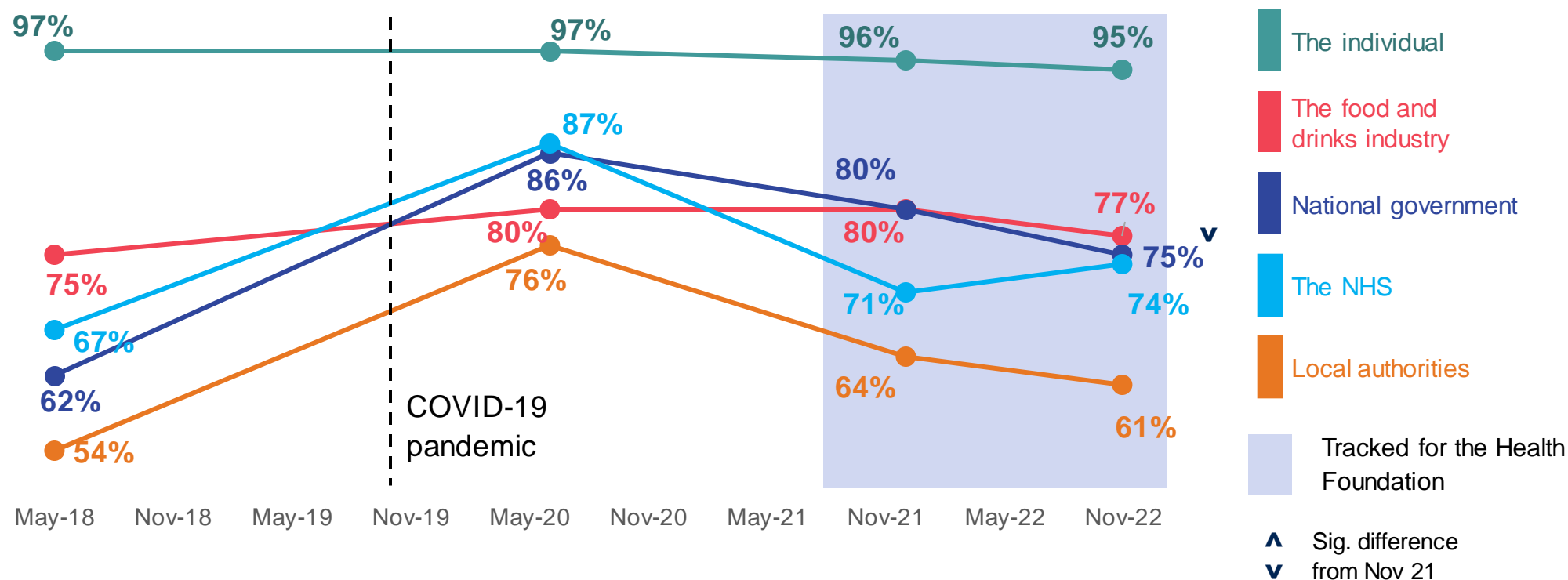
■ A great deal / fair amount of responsibility
 ■ Not very much / no responsibility
 ■ Don't know
 ▲ Sig. difference from Nov 21
 ▼

Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, November 2021 n=2101 25<sup>th</sup> November – 1<sup>st</sup> December 2021. All conducted online via KnowledgePanel UK.

# National government is the only institution that the public are less likely to think has responsibility for helping people to stay healthy than in November 2021; the rest have remained stable

The proportion of those who think the national government has responsibility for health has dropped from 80% in November 2021 to 75% in November 2022.

How much responsibility, if any, do you think that each of the following have for ensuring that people generally stay healthy? [Showing 'a great deal' / 'fair amount' of responsibility]



Bases: NHS at 70: Public Perceptions, The King's Fund, May 2018: 2,083\* via CAPI | Knowledge Panel surveys :The Health Foundation COVID-19 Survey, May 2020: 1,983\* | Nov 2021: 2,102 | Nov 2022: 2,101. \*Figures from May 2018 use a different method, and findings from May 2020 are from a different study; therefore both should be treated as indicative.

# Graduates are more likely to think most entities have responsibility for ensuring the individual stays healthy

There are few differences across groups when looking at views towards the NHS.

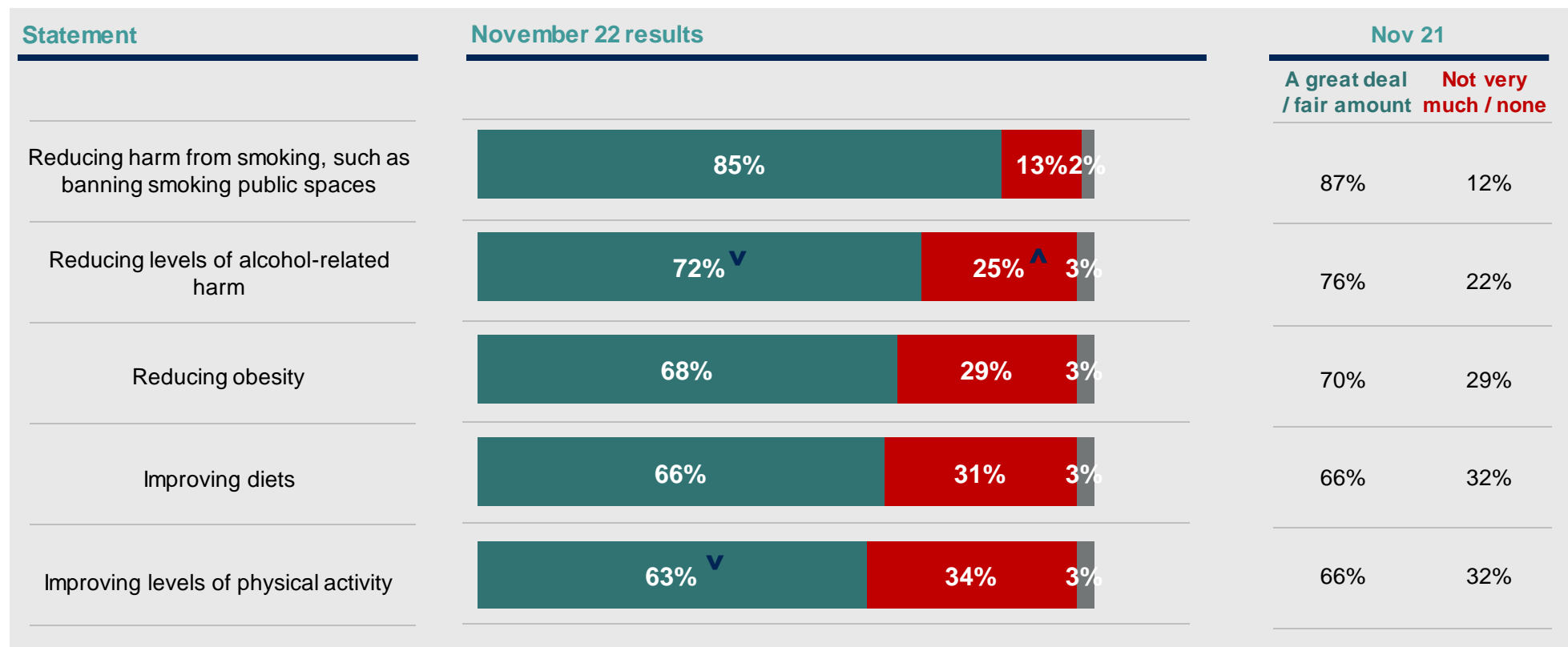
Area	Group differences
<b>The individual</b>	Those <b>aged 55+</b> , <b>graduates</b> (both 98%), those in households earning between <b>£52k - £99k</b> (97%), those living in the <b>least deprived</b> areas (99%), who work in <b>managerial, administrative and professional occupations</b> (97%), who intend to vote <b>Conservative</b> (97%) or have been to <b>hospital (excluding A&amp;E)</b> in the past 12 months (98%) are more likely to think the individual has a greater deal of responsibility for staying healthy (95% overall).
<b>The foods and drinks industry</b>	<b>Graduates</b> (82%) or those who intend to vote <b>Labour</b> (84%) are more likely to think the food and drinks industry has a great deal of responsibility (77% overall). Those working in <b>lower supervisory roles</b> (29%)* are more likely than the average to think the industry has less responsibility (20% overall).
<b>National government</b>	<b>Graduates</b> (85%), individuals who live in <b>London</b> (84%) or <b>urban areas</b> (77%), who intend to vote <b>Labour</b> (84%) or <b>Green Party</b> (93%), who live in households earning between <b>£52k - £99k</b> (81%), who work in <b>managerial, administrative and professional occupations</b> (79%) or are <b>NHS workers</b> (87%) are more likely to think the national government has a great deal of responsibility for people generally staying healthy compared to the average (75%).  Individuals who live in <b>Wales</b> (31%)*, the <b>South East</b> of England (27%) or <b>rural areas</b> (28%), who intend to vote <b>Conservative</b> (31%)*, are from a <b>White ethnic background</b> (22%) or work in <b>lower supervisory</b> (38%) or <b>semi routine</b> jobs (31%)* are more likely than the average (21%) to think the national government has little responsibility for people generally staying healthy.
<b>Local Authorities</b>	People from <b>ethnic minorities backgrounds</b> (72%), those who live in <b>London</b> (70%), intend to vote <b>Labour</b> (69%), are <b>social care workers</b> (68%)* or have a <b>health problem or disability that affects their day-to-day activities</b> (66%) are more likely to think local authorities have a great deal of responsibility for people generally staying healthy (61% overall).  Those <b>aged 65-74</b> (43%), <b>from White ethnic backgrounds</b> (38%), living in households earning between <b>£26k and £51k</b> (40%), are living in the <b>least deprived quintiles</b> (43%), who work in a <b>lower supervisory role</b> (46%) or intend to vote <b>Conservative</b> (47%) are more likely than the average to think local authorities have little responsibility (36% overall).

\*Please treat with caution as they are based on less than 100 participants

# The public tend to think the government has the most responsibility for preventing harm from products such as cigarettes and alcohol

The government is seen as less responsible for addressing lifestyle harms (such as improving diets and levels of physical activity), although the majority still think it has a responsibility (63% to 68%)

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



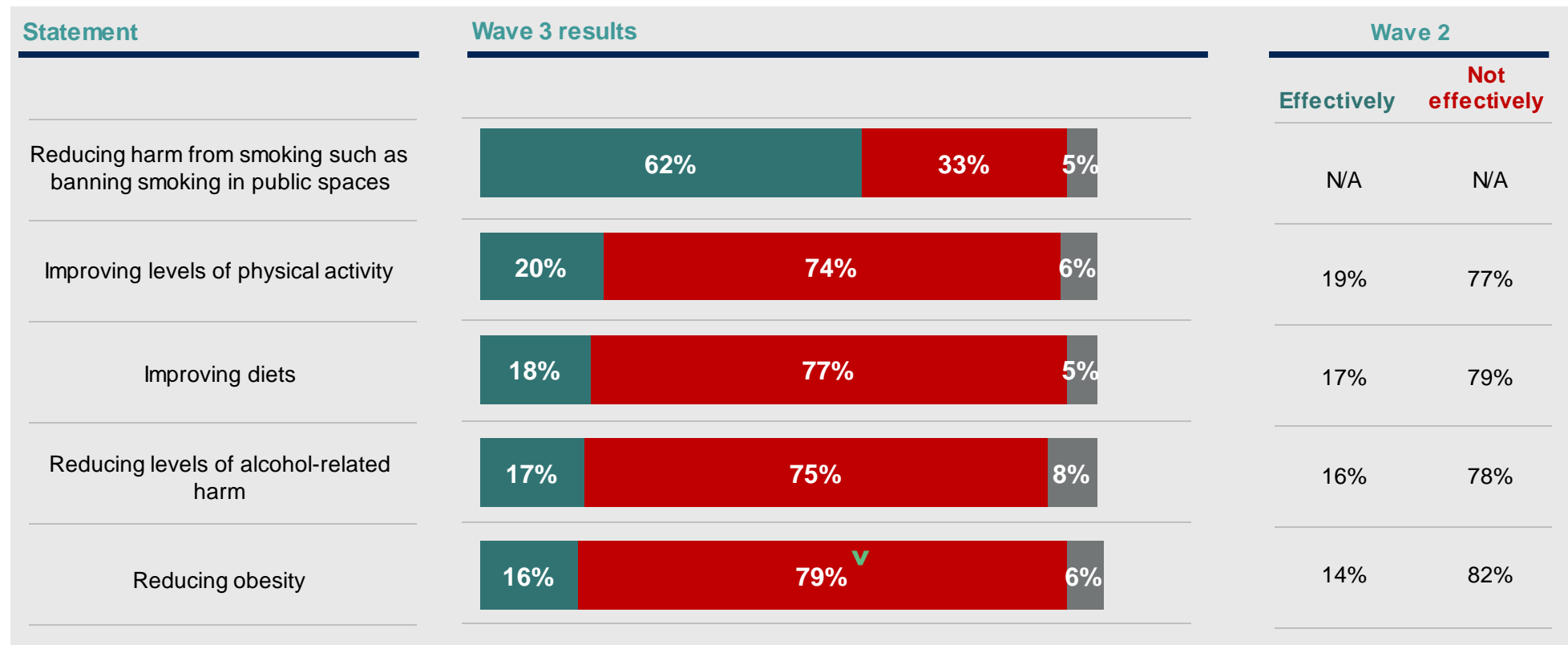
■ A great deal / fair amount of responsibility
 ■ Not very much / no responsibility
 ■ Don't know
 ▲ Sig. difference from Nov 21
 ▼

Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, November 2021 n=2101 25<sup>th</sup> November – 1<sup>st</sup> December 2021. All conducted online via KnowledgePanel UK.

# Whilst the public generally think the government has been effective at reducing harm from smoking, they do not think it has been effective at addressing other public health issues

Just over three in five (62%) think the government has been effective at reducing harm from smoking, while around three-quarters (74% to 79%) think it has not been effective at addressing other public health issues such as improving diets or levels of physical activity.

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



■ Very / fairly effectively    
 ■ Not very / not at all effectively    
 ■ Don't know    
 ▲ Sig. difference from May 22    
 ▼

Bases: KP survey, May 2022: 2,068 | Dec 2022: 2,063.

# Graduates are more likely to view the government as having more responsibility for the various areas of health, yet are also more likely to think that the government is ineffective at addressing them

Those who intend to vote **Conservative** hold the opposite views.

## Responsibility

## Effectiveness



**Graduates**, those who live in **London**, intend to vote **Labour** or **Green party**, or are **NHS workers** tend to think the government should have more responsibility for all of these areas of health.

Those who are **aged 16-24** tend to be more likely to think the government has been effective at addressing all areas asked about. Those who intend to vote **Conservative** also tend to think the government has been effective across most areas. Those who live in **Scotland** are more likely to think the government has been effective at reducing harms from drinking.



**Older age groups**, those from a **White ethnic background**, **non-graduates**, those who live in **Wales**, or those who intend to vote **Conservative** are less likely to think the government should have less responsibility across all of these areas of health. Those who have **less education** think the government should have less responsibility for reducing harms from smoking and alcohol.

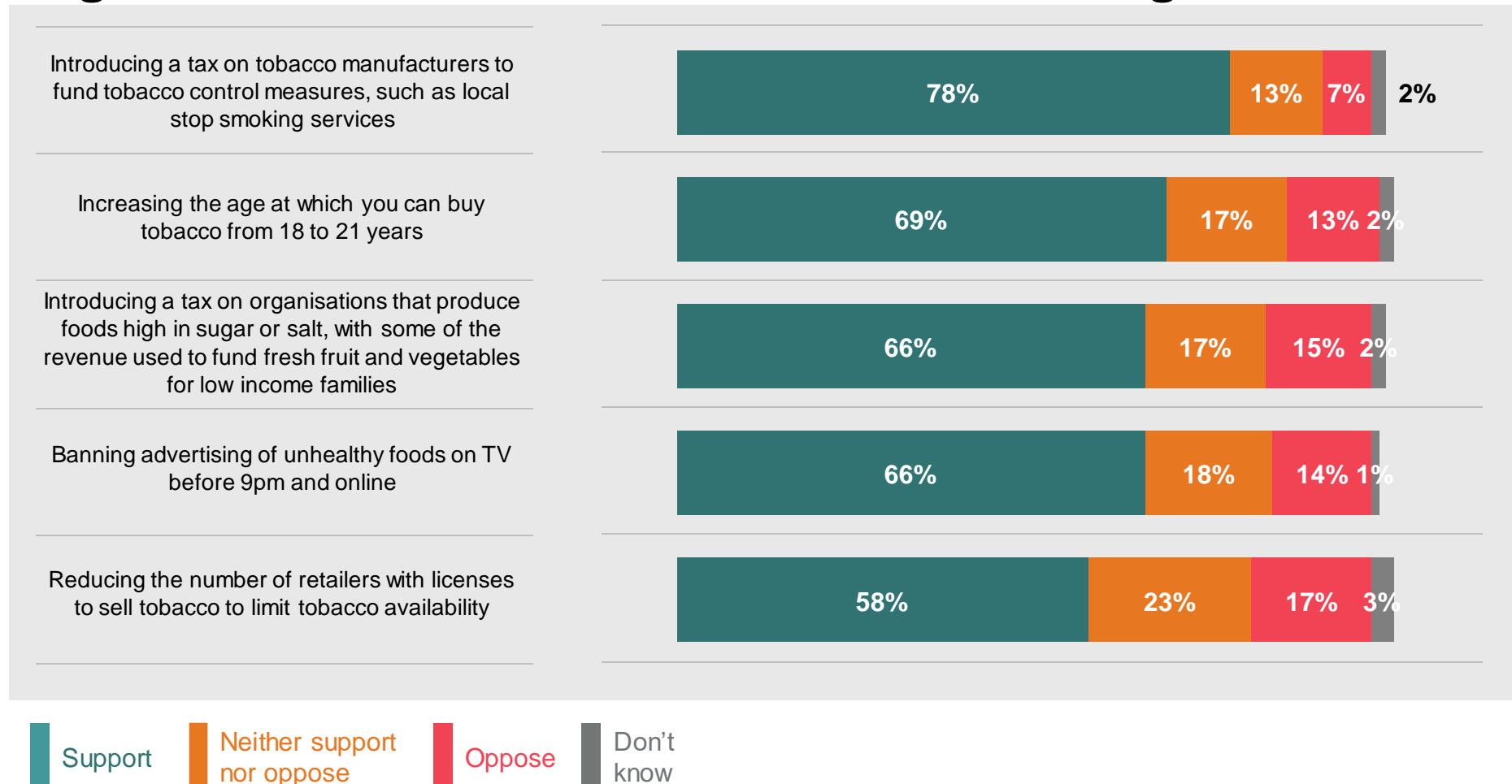
**Graduates** or those who are in **middle to older age groups** are less likely to think the government has been effective at addressing most measures. Those who live in **Scotland** are more likely to think the government has not been effective at improving physical activity, improving diets, and reducing obesity.

*\*Please treat with caution as they are based on less than 100 participants*

# Of the range of government interventions asked about, there tends to be the highest support for government interventions linked to reducing harms from tobacco

Support is highest for introducing a tax on tobacco manufacturers (78%) and increasing the age at which you can buy tobacco from 18 to 21 years (69%). Support for a tax on foods high in sugar or salt and banning advertising of unhealthy foods before 9pm and online is generally less than those linked to tobacco, though still two-thirds support them.

To what extent do you support or oppose government intervention in the following areas of public health?



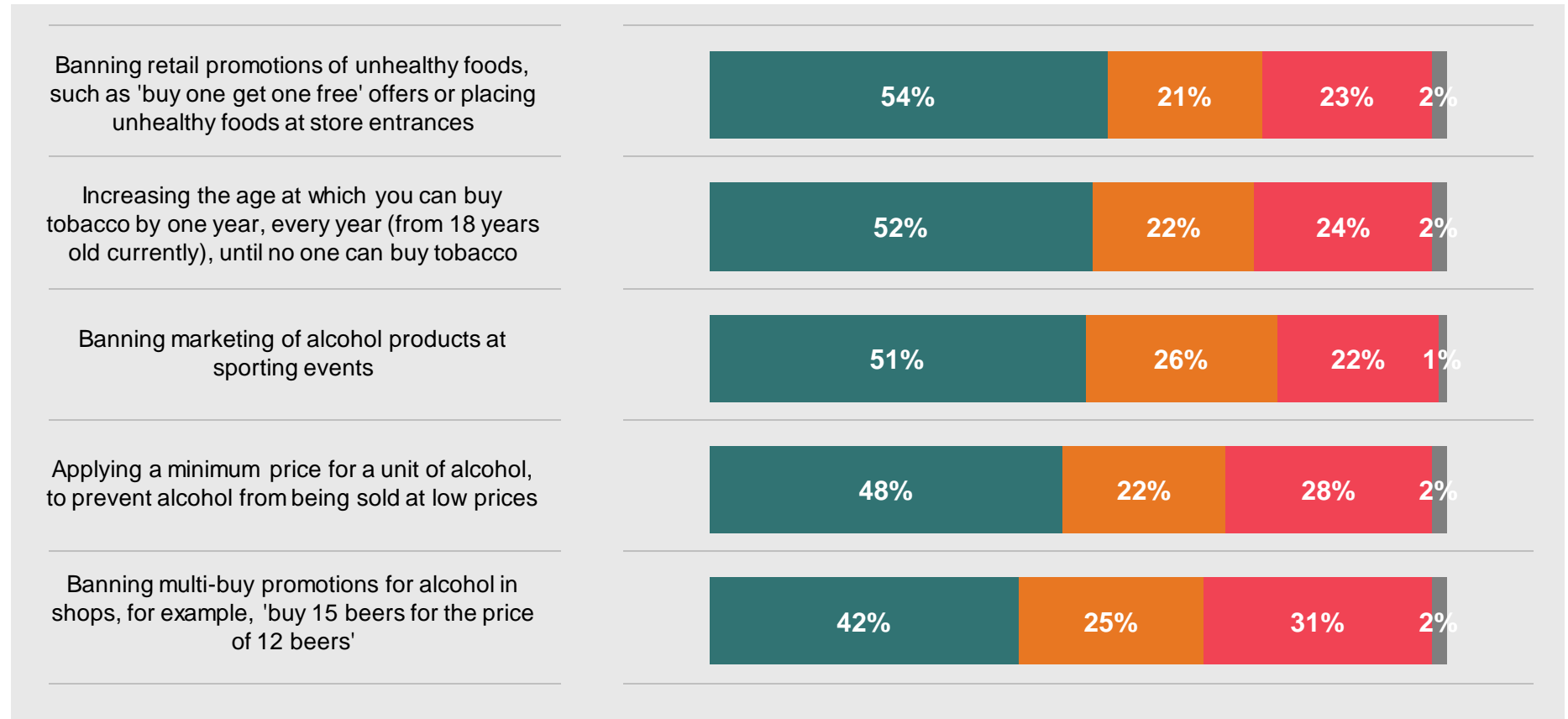
Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022. All conducted online via KnowledgePanel UK.



# There tends to be the lowest support for government interventions linked to reducing harms from alcohol

Less than half of the public support measures which would affect the price of alcohol; for example, banning multi-buy promotions for alcohol (42%) or applying a minimum price for unit of alcohol (48%).

To what extent do you support or oppose government intervention in the following areas of public health?



Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022. All conducted online via KnowledgePanel UK.

# Graduates and those working in managerial, administrative and professional occupations are more likely to support all interventions; whilst those aged 25-34 are more likely to oppose unhealthy food and smoking-linked interventions

## Alcohol-linked interventions

Those from **older age groups**, **graduates**, those **without children in their household**, or those working in **managerial, administrative and professional occupations** are more likely to support alcohol-linked interventions.

**Men**, those from a **White ethnic background**, those who are **working full-time**, or those who are **non-graduates**, are all more likely to oppose alcohol-linked interventions compared to the average.



## Unhealthy food interventions

**Older age groups**, **graduates** or those working in **managerial, administrative and professional occupations** are more likely to support interventions aimed at unhealthy foods compared to the average. Additionally, those living in **households earning £52 - £99k** are more likely to support banning promotions of unhealthy foods (61%), and banning advertising of unhealthy foods on TV before 9pm and online (73%), compared to the average (54% and 66%).

Those **aged 25-34** or those who are **working full-time** are more likely to oppose these policies than the average.

## Smoking-linked interventions

With a few exceptions, **graduates**, those living in **rural areas**, those living in the **least deprived areas**, or in the **South**, or who are working in **managerial, administrative and professional occupations**, are more likely to support two or all three of the smoking-linked interventions asked about.

There was less consistency in terms of the groups which are more likely to oppose these measures; however, those **aged 25-34** are more likely to oppose those policies than the average.

# Views on health inequalities

# 12

# The public tend to agree that the COVID-19 pandemic has made health inequalities worse and that the government should aim to reduce these inequalities

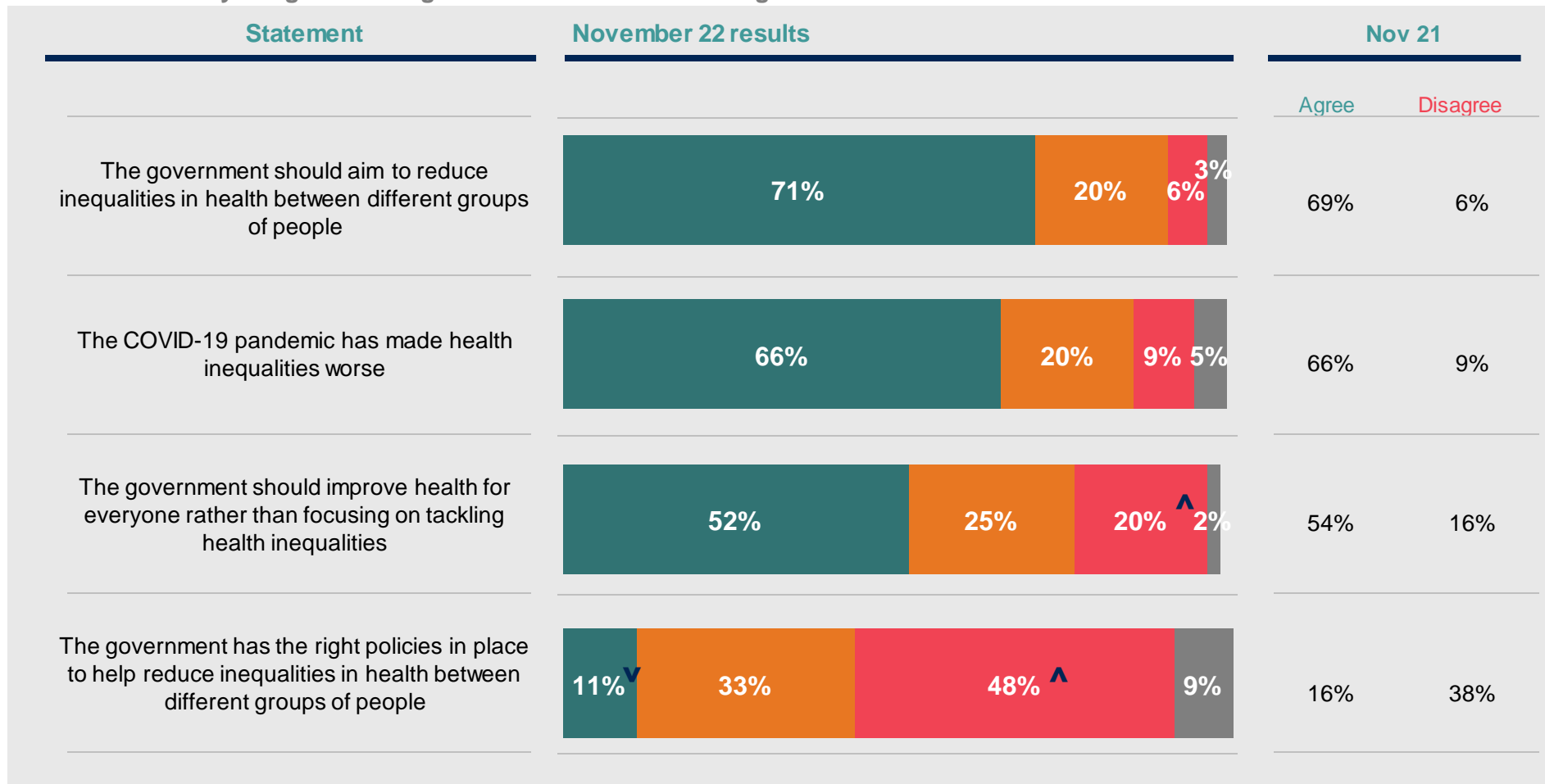
However, a minority (11%) of the public think the government has the right policies in place to do so (down from 16% in Nov 2021).

There is some inconsistency; while a majority (71%) of the public believe the government should reduce inequalities between different groups of people, just over half (52%) think the government should improve health for everyone rather than focusing on inequalities.



▲ Sig. difference from Nov 21  
▼

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



Bases: All participants, Nov 2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, November 2021 n=2101 25<sup>th</sup> November – 1<sup>st</sup> December 2021. All conducted online via KnowledgePanel UK.

# Views towards health inequalities and how the government should address them tend to differ by voting intention, region, and level of education

## Demographic differences

Those who intend to vote **Labour** are more likely to think the COVID-19 pandemic has made inequalities worse and that the government should address inequalities between different groups of people. Conversely, those who intend to vote **Conservative** are less likely to think COVID-19 has made inequalities worse and more likely to think government should improve health for everyone rather than focusing on tackling health inequalities.

## Regional differences

Those living in **Scotland** or **London** are more likely to think the COVID-19 pandemic has made inequalities worse and the government should address inequalities between different groups of people.



## Use of services and worker status

Those who have accessed **mental health services** are more likely than the average to agree that COVID-19 has made health inequalities worse.

## Education and social class

**Graduates** are more likely to think the COVID-19 pandemic has made inequalities worse and that the government should address inequalities between different groups of people.

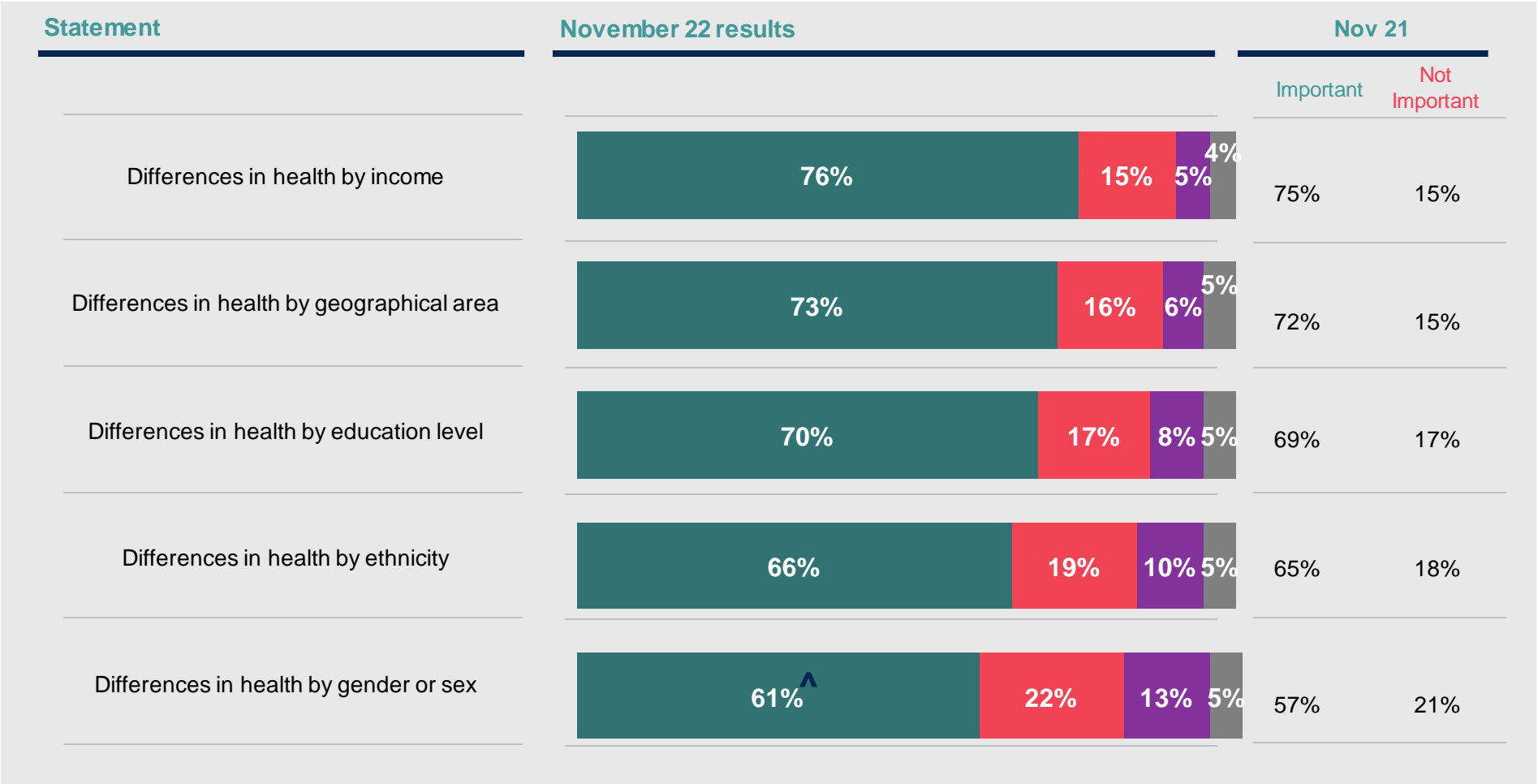
**Non-graduates** (58%) are more likely than the average to support improving health for everyone rather than focusing on inequalities (52%).

*\*Please treat with caution as they are based on less than 100 participants*

# The public tend to think that it is important to address health inequalities across all types of health inequalities asked about

How important, if at all, do you think it is that the government addresses health inequalities in the following areas?

Differences in health by income is seen as the most important for addressing (76%), while differences in health by gender or sex are seen as comparatively less important (61%), although still in the majority. Additionally, the proportion who think it is important to address the latter has gone up since November 2021.



Bases: All participants, Nov2022 n=2,063 24<sup>th</sup> – 30<sup>th</sup> November 2022, November 2021 n=2101 25<sup>th</sup> November – 1<sup>st</sup> December 2021. All conducted online via KnowledgePanel UK.



# Whether the individual sees tackling inequalities as important tends to differ by voting intention and use of NHS or social care services

Those who intend to vote **Conservative** or have not accessed **NHS services or social care services** tend to view this as less important, whilst younger people or those who intend to vote **Labour** tend to view it as more important.

## Demographic differences

Those aged **25-34** or who intend to vote **Labour** or **Green Party** are more likely to think it is important to address health inequalities across most areas.

Conversely, those who intend to vote **Conservative** are less likely to think tackling inequalities based on ethnicity (32% vs 19%)\*, gender / sex (34% vs 22%)\*, educational level (24% vs 17%)\* or income (29% vs 15%)\* is important.

**Men** are also less likely than the average to think tackling inequalities based on ethnicity (25% vs 19%) or educational level (21% vs 17%) is important.

## Use of services and worker status

Individuals who have **not accessed NHS services or social care in the past 12 months** are less likely to think tackling health inequalities across most areas is important.



## Regional differences

Those living in **London** are more likely to think the government should tackle inequalities based on income (85% vs 76%).

Those living in **Wales** are less likely to think tackling inequalities based on ethnicity (30% vs 19%)\* or gender / sex (31% vs 22%)\* is important. Additionally, individuals who live in the **North East** are less likely to think that tackling inequalities based on income is important (24% vs 15%).

## Education and social class

**Graduates** or those who are **full-time students** are more likely to think it is important to address health inequalities across most areas.

Those with **vocational qualifications** (30%)\* or who are **small employers** (30%)\* are less likely to think tackling inequalities based on gender / sex is important (22%).

*\*Please treat with caution as they are based on less than 100 participants*

# Appendix: Detailed Methodology

# A1



# Detailed methodology

## UK KnowledgePanel: Technical Notes

### Recruitment to the panel

Panellists are recruited via a random probability unclustered address-based sampling method. This means that every household in the UK has a known chance of being selected to join the panel. Letters are sent to selected addresses in the UK (using the Postcode Address File) inviting them to become members of the panel. Invited members are able to sign up to the panel by completing a short online questionnaire or by returning a paper form. Up to 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 **24th – 30th November 2022**. In total 2,063 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 3,580 panellists in the United Kingdom aged 16+ were selected and invited to take part in the survey.

Of these, 2,063 respondents completed the survey – a response rate of 58%.

# 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 another way	Prefer not to say
16-24	6.7%	6.3%	0.3%	0.1%
25-34	8.3%	8.2%	0.1%	0.1%
35-44	7.6%	7.8%	0.1%	0.1%
45-54	8.2%	8.4%	0.1%	0.1%
55-64	7.3%	7.6%	0.0%	0.2%
65-74	5.9%	6.3%		
75+	4.5%	6.0%		

IMD quintiles	
1	20.0%
2	20.0%
3	20.0%
4	20.0%
5	20.0%

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	29.7%
Below degree level	69.4%
Prefer not to say/Not Stated	0.9%

Ethnicity	
White	87.1%
Non-White	12.0%
Prefer not to say/Not Stated	0.9%

Number of adults in the household (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.

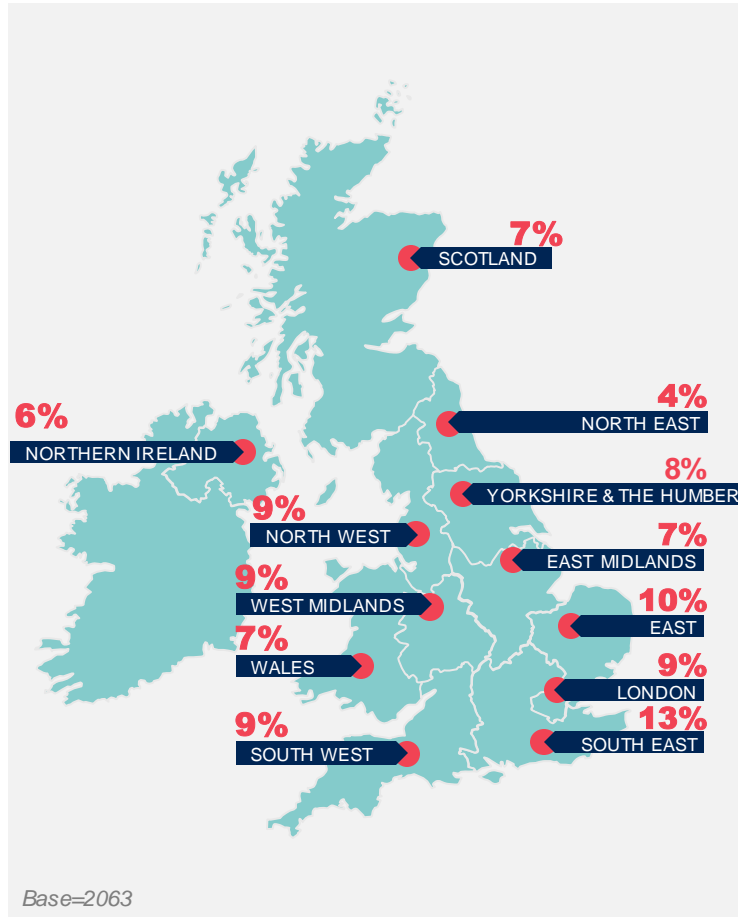
For example, if the sample shows that 30% of people nationally say the government is ‘very effective’ at addressing health inequalities, we can be 95% confident that the result (had everyone been interviewed) would have been within around +1.3 percentage points of this figure – i.e. between 28.7% and 31.3% (based on a sample of 2,063).

	Result is at or near...		
	10% or 90%	30% or 70%	50%
Sample size	±%	±%	±%
2,063	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

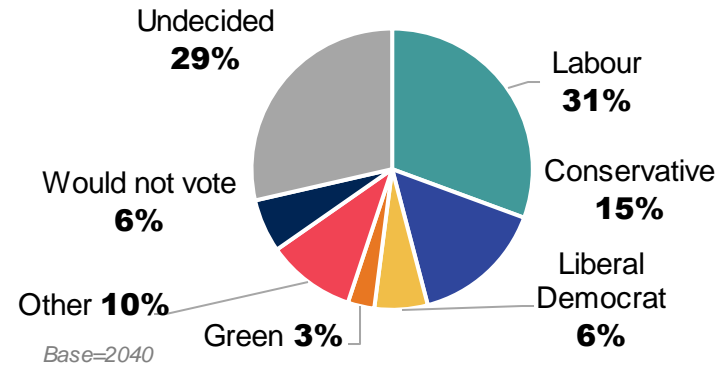
# Demographics



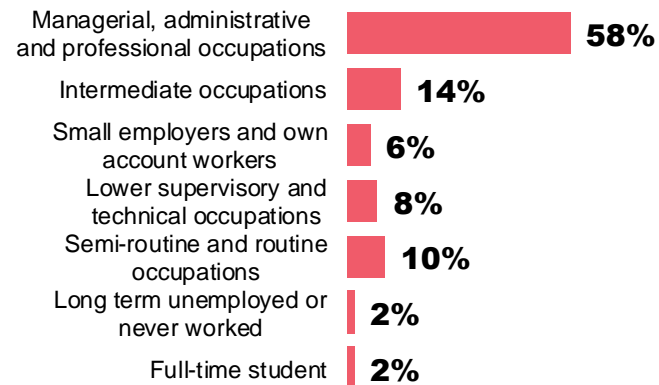
## Region



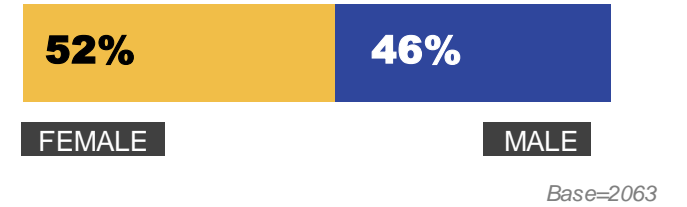
## Voting intention



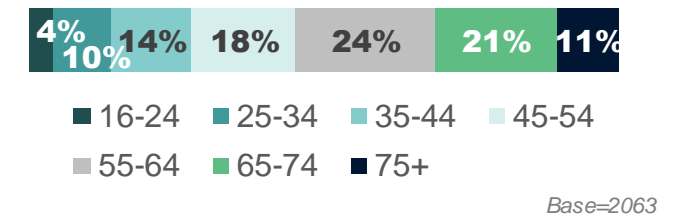
## Social Economic Classification



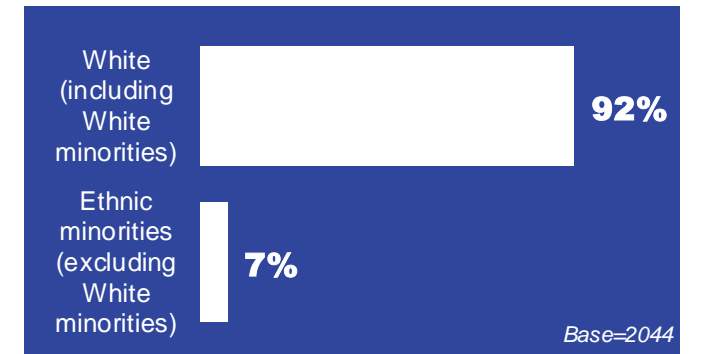
## Gender



## Age



## Ethnicity



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**ISO 9001** – International general company standard with a focus on continual improvement through quality management systems. In 1994 we became one of the early adopters of the ISO 9001 business standard.



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**This work was carried out in accordance with the requirements of the international quality standard for market research, ISO 20252**

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