

Public perceptions of health and social care polling (Wave 5: November 2023)

Conducted by Ipsos for the
Health Foundation

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Executive Summary

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Summary of work and key findings

General views of the NHS

There is still strong support for all of the NHS's founding principles, though fewer members of the public think that services should be comprehensive and available to everyone than in 2022

When asked whether the founding principles of the NHS should still apply today, **the majority of the public think these principles should still apply**; the NHS being free at the point of delivery (88%), providing a comprehensive service available to everyone (84%) and being funded primarily through taxation (82%).

Views on the founding principles have remained stable since November 2022, with the exception of **the NHS providing a comprehensive service that is available to everyone**. Although 84% think this principle should still apply to the NHS, this is lower than in November 2022 (when 89% said it should still apply).

Looking ahead, although the public think these principles should still apply, **they are less likely to think they will still apply**. Around three in five members of the public anticipate that **the NHS will be primarily funded through taxation** (63%) and **remain free at point of delivery** (59%) in 5 years' time. A slightly smaller proportion anticipate that **the NHS will provide a comprehensive service that is available to everyone** in 5 years' time (49%).

Whilst the public overall think that these principles will still be in place, there are significant minorities who think this will not be the case in 5 years' time. For instance, **a third don't think the will NHS provide a comprehensive service that is available to everyone** (33%), **a quarter think the NHS won't be free at the point of delivery** (25%) and almost **one in ten people don't think the NHS will be primarily funded through taxation** (19%) in five years' time.

General views of the standards and services provided by the NHS

The public remains negative about standards of care in the NHS, though they are less pessimistic about changes to standards in the past year than previously, and are more positive about the service that their local NHS is providing

Just over half of the public (53%) think the **general standard of care in the NHS has got worse** over the last year, while just 8% think it has improved. Although still negative overall, the public's perception of the standard of care in the NHS has shifted. **Fewer think the standard of care has got worse** in the past 12 months (down from 66% in May 2023 to 53% in November 2023). Instead, they are more likely to think standards have remained consistent (up from 26% in May to 36% in November) and are slightly more likely to think services have got better (up from 5% in May to 8% in November).

The public **continue to have pessimistic expectations** for the coming 12 months, with 53% thinking that the general standard of care will get worse over the next year. These views have **remained relatively stable** since May 2023, with a similar proportion expecting services to get worse (53% in November 2023 and 54% in May 2023).

When asked about the current service provided by the NHS nationally, the public's opinions remain split. Around one-third (34%) believe the NHS is delivering a good service nationally, though just under half (46%) disagree that it is providing a good service. The public are more positive about local NHS services, with just under half **agreeing that their local NHS provides a good service**, marking an improvement from May 2023 (up from 39% in May 2023 to 44% in November 2023). However, around one-third (34%) still disagree that their local NHS provides a good service.

Despite these shifts in perceptions, public **sentiment towards government policies for the NHS remains largely negative**, with just one in ten agreeing that the government for England and the devolved governments for Wales, Scotland and Northern Ireland have the right policies in place for the NHS (11%).

Views on NHS funding and private healthcare

The public's favoured option on funding is to increase taxes in order to maintain the level of spending needed to keep the current level of care and services provided by the NHS

Around half the public (48%) would like to see an increase in taxes to maintain current levels of care and services, though this is lower than in November 2022 (53%). This is compared to other options which include spending on other services to maintain the current level of care (11%), or a reduction in the level of care and services provided by the NHS (9%). Just over one-quarter of the public do not want to see any of these options (28%).

In the event that the NHS budget is not increased, the public would like the government to **prioritise making it easier for people to access community-based services close to home**, including a GP and an NHS dentist (60%), rather than making it easier for people to access care in hospitals including A&E and planned procedures (30%).

The public are **divided as to whether they would pay for private health insurance or private healthcare**. Whilst just under half (47%) say they are unlikely to pay, nearly one-quarter (24%) say they would be likely to pay, and 14% are already paying (or their company pays). These views are consistent with those from May 2023.

General views of social care

The public think social care workers are paid too little and support various measures to increase pay, though they think the current funding approach for social care is unfair

Around three-quarters of the public (77%) think that social care workers are paid too little. They are generally supportive of numerous different measures to increase their pay. In particular, the public are most supportive of **stronger enforcement of the national living wage for all UK social care workers**, e.g. higher fines for employers who underpay social care workers (89% support this) or **establishing a social care pay scale** that sets pay rates for different social care workers based on their roles, skills and experience (85% support this). The public are least supportive of giving social care workers bonus payments, e.g. to incentivise them to stay in their positions during winter season (65% support) – although all measures were supported by more than half.

When asked about different approaches to funding social care, **the public tend to think that the current means-tested system is unfair** (74%) as opposed to fair (13%). Conversely, the public feel that a fairer system might be:

- Like the NHS where **a wide range of social care services are free at the point of use** for all those who need them (73% say this is fair).
- A system whereby **everyone is entitled to some basic social care services, but the individual may have to pay for a wider range of means-tested care and support** (70% say this is fair).

General views of increases to the cost of living

Increases to the cost of living are impacting some of the public's activities, most notably them keeping their homes at a comfortable temperature

Two-thirds of the public say they **keep their homes at a comfortable temperature less** due to increases in the cost of living (66%), while half say they **take part in leisure activities less as a result** (50% - although 44% say this has not been affected). **Engaging in physical activity is the activity least impacted** by increases in the cost of living, with two-thirds (66%) saying it has made no difference to them doing physical activity.

Consistently, **women**, those with **annual household incomes of less than £26k**, and **those with children in the home** are less likely to **keep their homes a comfortable temperature, take part in leisure activities, purchase healthy food and do physical activity** because of the increases to the cost of living.

Views on public health and government interventions

The public tend to think the government has the most responsibility for reducing harm from air pollution, food poverty-related harms and fuel poverty, yet the large majority don't think it is effectively reducing these harms

When asked about how involved governments should be in improving how healthily people live, **almost half of the public agree that the government should let individuals make their own decisions about their lifestyles**, even if this means the overall health of the public would get worse (46%). However, a **significant minority conversely feel that the government should put in place stricter measures to improve how healthy people are**, even if this means that individuals have less ability to make their own decisions about their lifestyles (36%).

More than four in five members of the public think the **government has a great deal or a fair amount of responsibility to reduce harms from air pollution, food poverty and fuel poverty** (87%, 83%, 82%). In comparison, the public sees the government as having a **lesser responsibility for lifestyle harms such as alcohol and gambling related harms**, although more than half still think **it has a responsibility to tackle these issues** (63% and 62% respectively).

The public think the government is **most effective at reducing harm from smoking** (51% effective). However, the public think the government is less effective in other ways. For instance, **reducing harm from air pollution** is only seen as being effectively tackled by the government by three in ten people (31%), and **reducing food poverty related harms** is viewed as being effectively tackled by around one in five (17%).

Separately, the majority of the public **support the government's plan to raise the legal age to buy cigarettes** by one year, every year, until no one in future generations is legally allowed to buy such products (69% support versus 15% oppose).

Background to the research

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Overview of the project

Background to the research

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

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

The years ahead are set to bring further changes that may meaningfully affect public perceptions, priorities and experiences. As the UK began to emerge from the pandemic, it became clear that the NHS and social care were facing unprecedented challenges that could meaningfully affect public perceptions, priorities and experiences. This programme of research aims to understand how, if at all, public perceptions are changing, 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 polling at six-monthly intervals. **This report covers the fifth wave of the polling programme**, conducted from 23rd – 29th November 2023. Findings from the first, second, third and fourth waves of the programme can be accessed [here](#).

Overview of the project

Objectives

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

- Health and social care services in general
- The government's handling of the NHS and social care
- Wider health policy issues including NHS funding
- Wider social care policy issues including social care funding
- Public health and government interventions

Report Structure

The first section of this report presents general views of the NHS, including the 'Expectations Tracker' and the NHS's core principles.

The second and third sections cover funding for the NHS and views on private healthcare.

The fourth section examines social care, including perceptions of social care worker salaries and social care funding.

The fifth section explores the impact the cost-of-living crisis on different activities the public engage with.

Finally, the sixth section looks at views on public health and government interventions.

Background to the project

Previous polling

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

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

The survey was conducted between **23rd and 29th November 2023**. A total number of **2,301** responses were achieved amongst residents across the United Kingdom aged 16+.

Context

- NHS services remain under pressure with considerable waiting times remaining for many services
- Ongoing NHS strikes throughout 2023, including junior doctors, allied health professionals and consultants
- Ongoing media coverage of the challenges the NHS is facing, particularly around strikes, and the backlog of elective care cases
- Cabinet reshuffle in November 2023 saw Victoria Atkins appointed Secretary of State for Health and Social 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 4,234 panellists were selected and invited to take part in the survey online. Of these, 2,301 respondents completed the survey – a response rate of 54%.

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%.

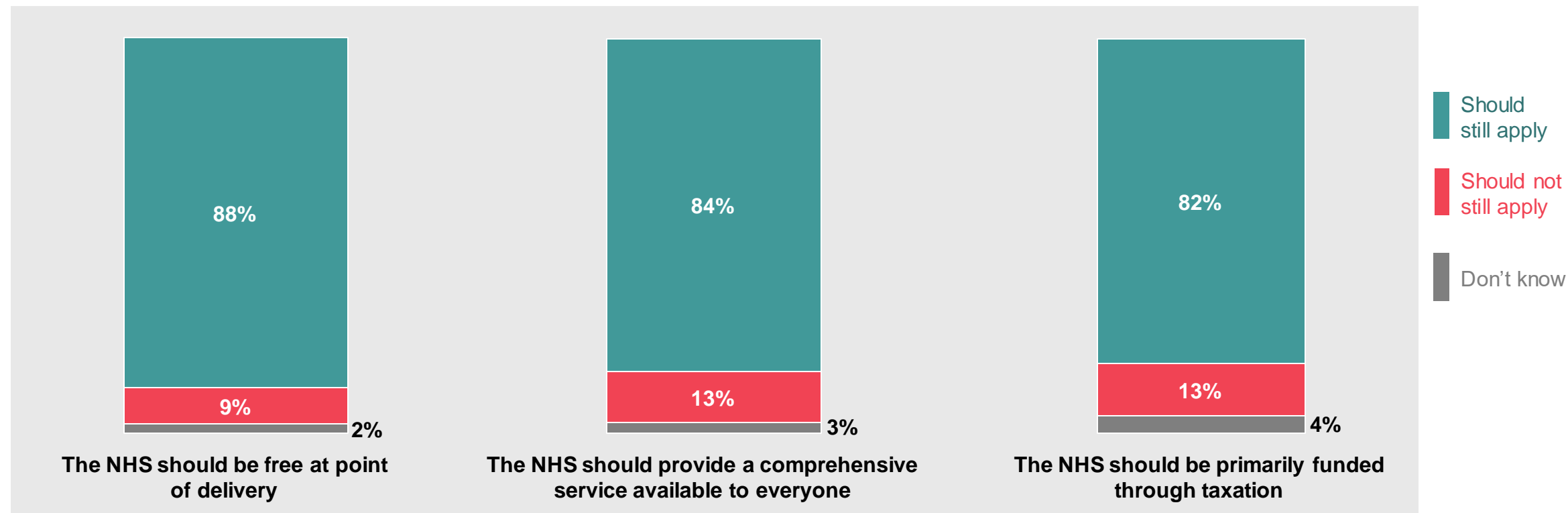
General views on the NHS

04

The majority of the public agree that the NHS's core principles should still apply today

Nearly all of the public think that the NHS should still be free at the point of delivery (88%), provide a comprehensive service available to everyone (84%) and be primarily funded through taxation (82%)

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 NHS services today.

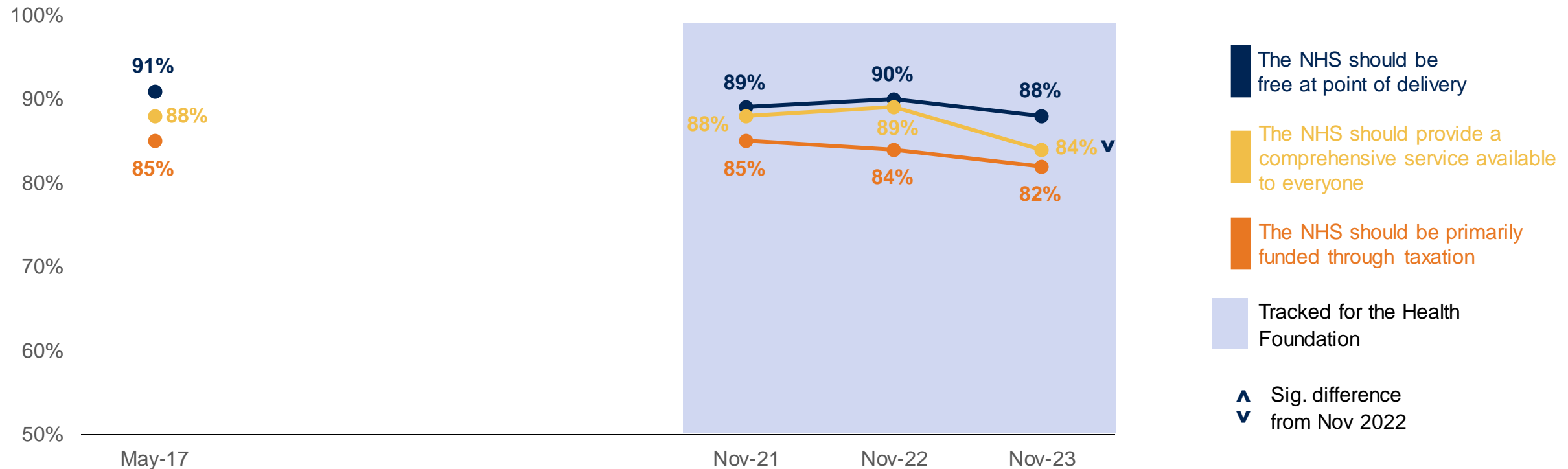


Bases: All participants, November 2023 n=2,301 23rd – 29th November 2023. All conducted online via KnowledgePanel UK.

Support for the principle that the NHS should provide a comprehensive service available to everyone has fallen

However, the public remain equally supportive of the founding principles that the NHS should be free at the point of delivery and primarily funded through taxation as they were a year ago

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: What does the public think of the NHS? The King's Fund, May 2017: 1,151 I KP survey, Nov 2021: 2,101 | Nov 2022: 2,063 | Nov 2023: 2,301 *Figures from May 2017 are from a different study with a different method and should be treated as indicative.

Views towards the core NHS principles today differ by age, voting intention and education

For example, those aged 65 and over or those intending to vote Labour tend to think these principles should still apply today

The NHS should be free at the point of delivery



Those aged **65-74** (92%), those intending to vote **Labour** (94%) or **graduates** (91%) are more likely to think that this principle should still apply compared to the average (88%).

The NHS should provide a comprehensive service available to everyone

Graduates (89%), those living in the **least deprived areas** (88%), those intending to vote **Labour** (93%) or **Green Party** (94%), those living in **Scotland** (91%) or those who have **used any NHS service in the last 12 months** (85%) are more likely to think that this principle should still apply, compared to average (84%).

The NHS should be primarily funded through taxation

Men (86%), those **aged 65 and over** (87%), those from **White ethnic** backgrounds (83%), intending to vote **Labour** (90%), those **working for the NHS** (85%) or those who think the general standard of **NHS care will get worse in the next 12 months** (85%) are more likely to think this principle should still, compared to average(82%).



Those **aged 35-44** (12%), intending to vote **Conservative** (16%), those with **no formal qualifications** (16%), those who have used **1-2 NHS services** in the past 12 months (11%) or those who think that the general standard of NHS care provided by the **NHS has got worse in the last 12 months** (11%) are more likely to think this principle should not still apply compared average (9%).

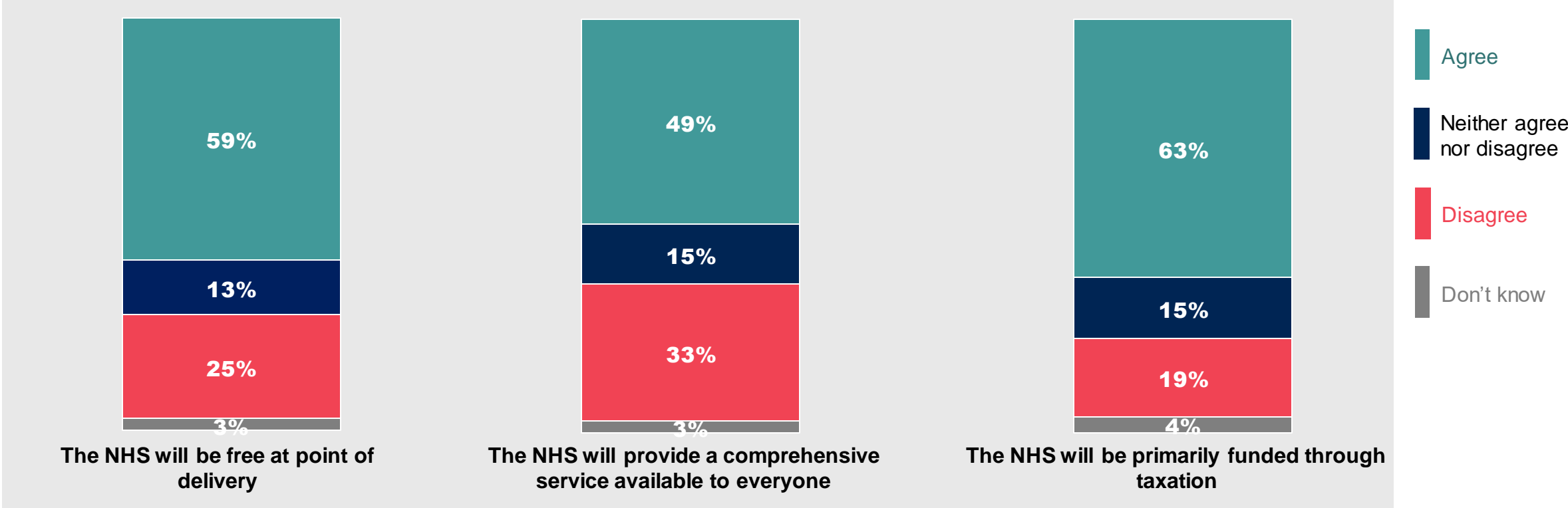
Those intending to vote **Conservative** (24%), **aged 55-64** (18%) or **over 75** (18%), those **without children in the household** (15%) are more likely to state this should not still apply (13%).

Women (15%) or those intending to vote **Conservative** (19%) are more likely to think this principle should not still apply, compared to average (13%).

Although the public think the principles should still apply, they are less sure about whether they will still apply in five years' time

Around three in five (59%) think the NHS will be free at the point of delivery and will be primarily funded through taxation (63%) in 5 years; they are less sure it will provide a comprehensive service available to everyone (49%)

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

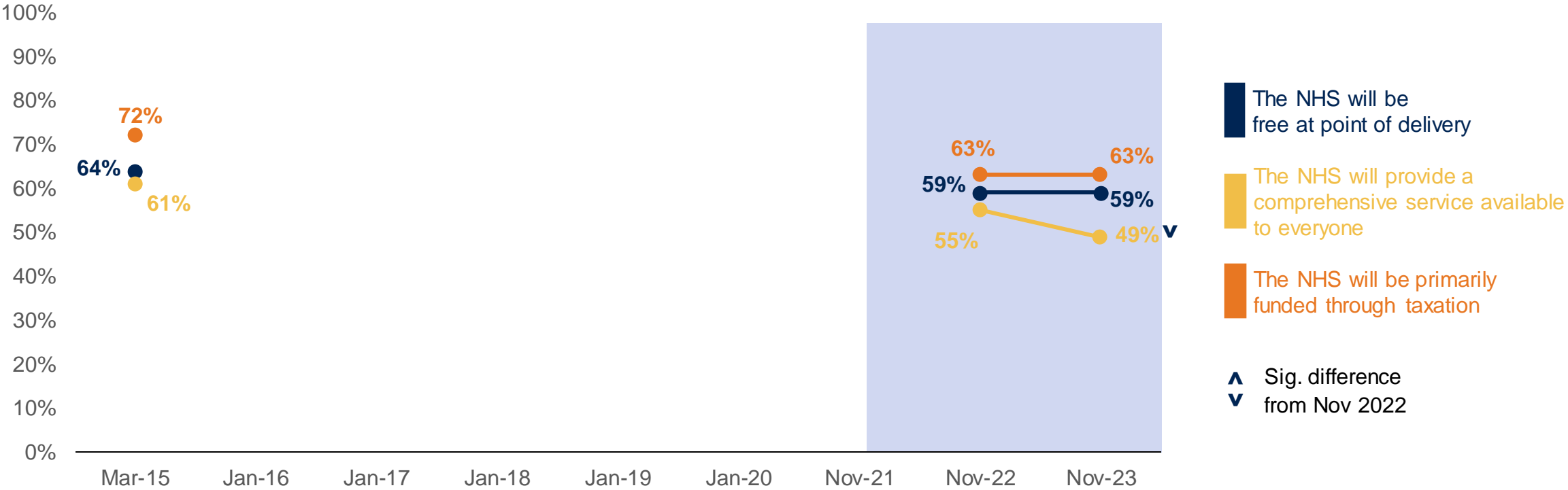


Bases: All participants, November 2023 n=2,301 23rd – 29th November 2023. All conducted online via KnowledgePanel UK.

The public are less likely to agree the NHS will provide a comprehensive service available to everyone in five years' time than they were in November 2022

Whether other principles of the NHS will remain in five years' time is stable from November 2022, however the public are overall less likely to agree that all principles will still apply in five years' time than they were in 2015

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



Bases: Ipsos poll for The Health Foundation, March 2015 n = 1,792 13th – 29th March 2015 conducted via face-to-face interviews | All participants, Nov 2022 n=2,063 24th – 30th November 2022 conducted online via KnowledgePanel UK | All participants, November 2023 n=2,301 23rd – 29th November 2023. All conducted online via KnowledgePanel UK.

Note: Findings from March 2015 were collected using a different methodology, and so comparisons should be treated with caution.



Views about whether the core NHS principles will still apply in five years' time differ by gender, voting intention and perception of NHS care standards

For example, women and people who think the standard of NHS care has got worse in the last 12 months are more likely to think these principles won't still apply

The NHS will be free at the point of delivery

The NHS will provide a comprehensive service available to everyone

The NHS will be primarily funded through taxation



Men (66%), people from **ethnic minority** backgrounds (67%) or those who think the general standard of **NHS care has got better in the last 12 months** (76%) are more likely to agree that the NHS will remain free at the point of delivery, compared to average (59%).

Those intending to vote **Conservative** (57%), **men** (54%), those with **children in the household** (55%) or those who think the general standard of **NHS care has got better in the last 12 months** (72%) are more likely to agree that the NHS will still provide a comprehensive service that is available to everyone, compared to average (49%).

Those intending to vote **Conservative** (69%) or **Labour** (67%), **men** (72%) or those who think the general standard of **NHS care has got better in the last 12 months** (75%) are more likely to agree that the NHS will still be primarily funded through taxation, compared to average (63%).



Women (30%), people from **white ethnic** backgrounds (26%) or those who think the general standard of **NHS care has got worse in the last 12 months** (31%) are more likely to disagree that the NHS will remain free at the point of delivery, compared to average (25%).

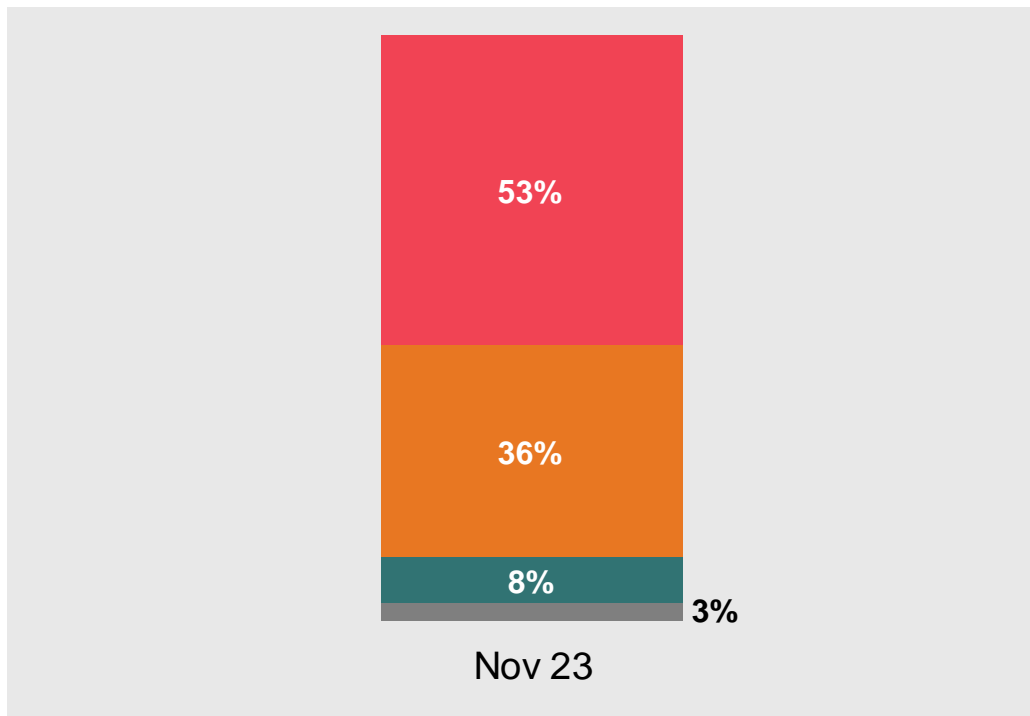
Graduates (42%), **women** (37%), people from **white ethnic** backgrounds (34%), those **without children in the household** (35%) or those who think the general standard of **NHS care has got worse in the last 12 months** (43%) are more likely to disagree that the NHS will still provide a comprehensive service that is available to everyone, compared to average (33%).

Women (23%) or those who think the general standard of **NHS care has got worse in the last 12 months** (23%) are more likely to disagree that the NHS will still be primarily funded through taxation, compared to average (19%).

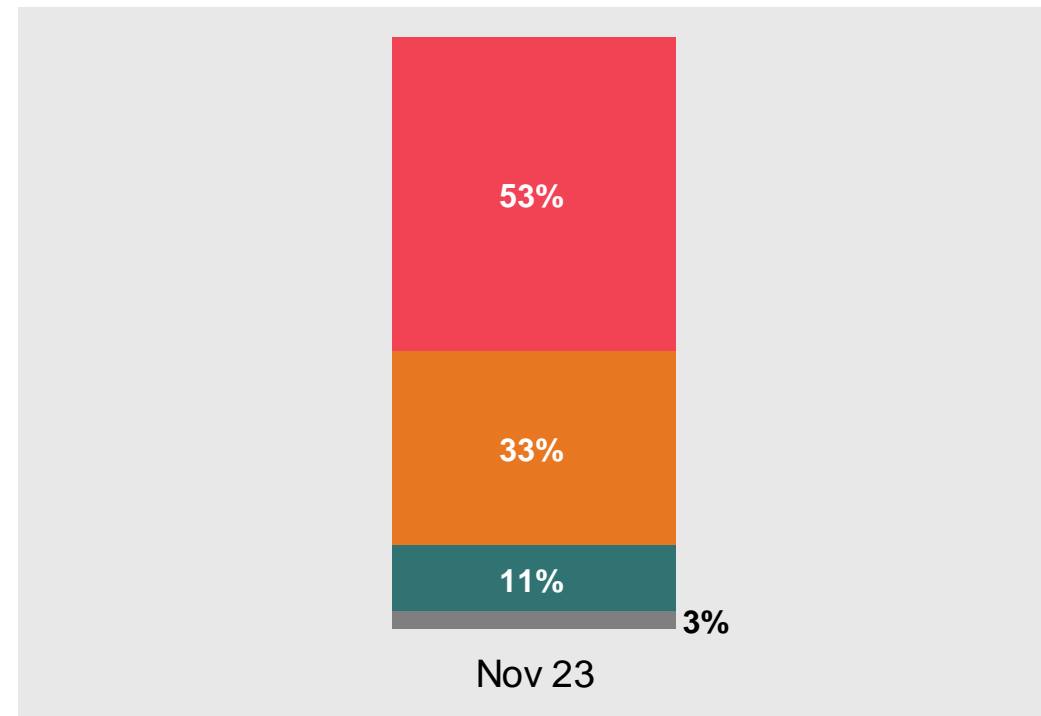
Few members of the public think the NHS has got better or will get better in the last and upcoming 12 months

Just over half (53%) of the public think the general standard of care has got worse over the past 12 months and will continue to get worse 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...?

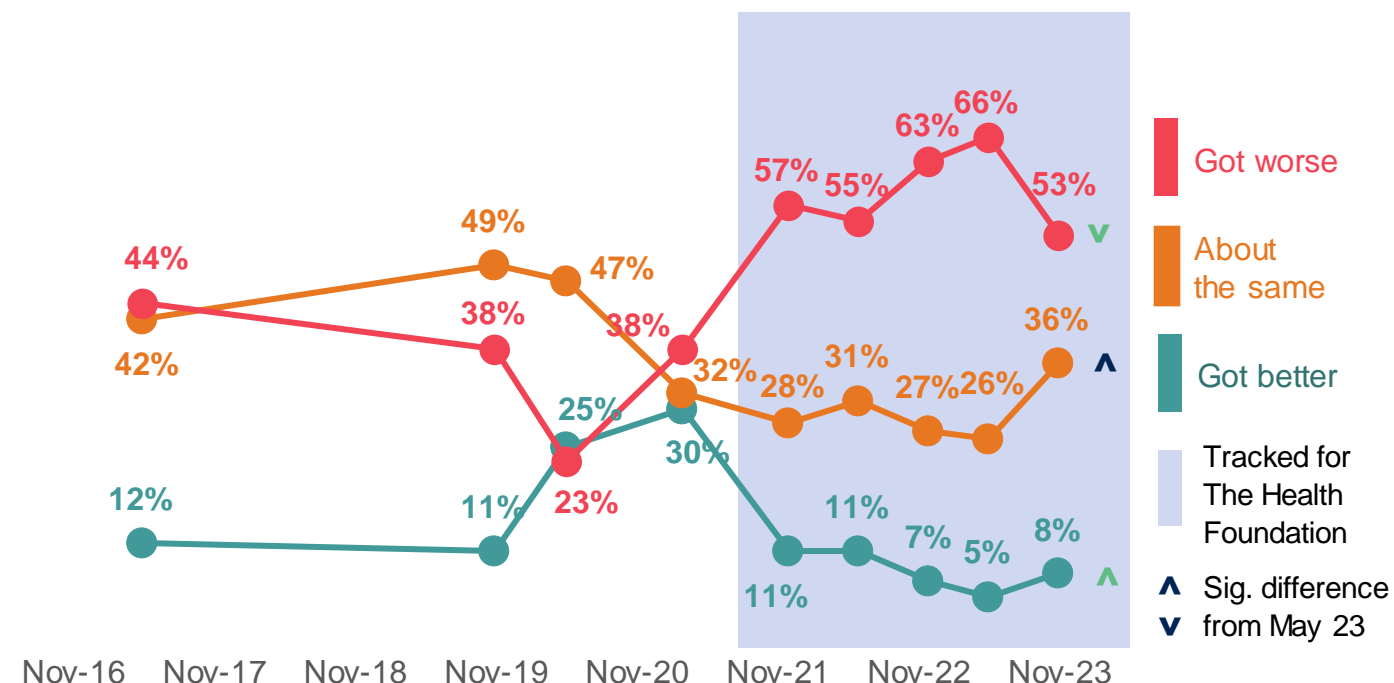


Bases: All participants, Nov2023 n=2,301 23rd – 29th November 2023. All conducted online via KnowledgePanel UK.

The public have become less pessimistic about changes to the standard of care in the last 12 months

The public are less likely to think NHS services have got worse over the last 12 months (53%) than in May 2023 (66%), although still only 8% think that services have got better

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



✗ Women (57%), those aged 55-64 (53%), live in the most deprived areas (60%), have a health problem / disability (62%), or those who have used NHS 111 in the last 12 months (59%) are more likely to think the standard of care has got worse over the last 12 months, compared with the average (53%).

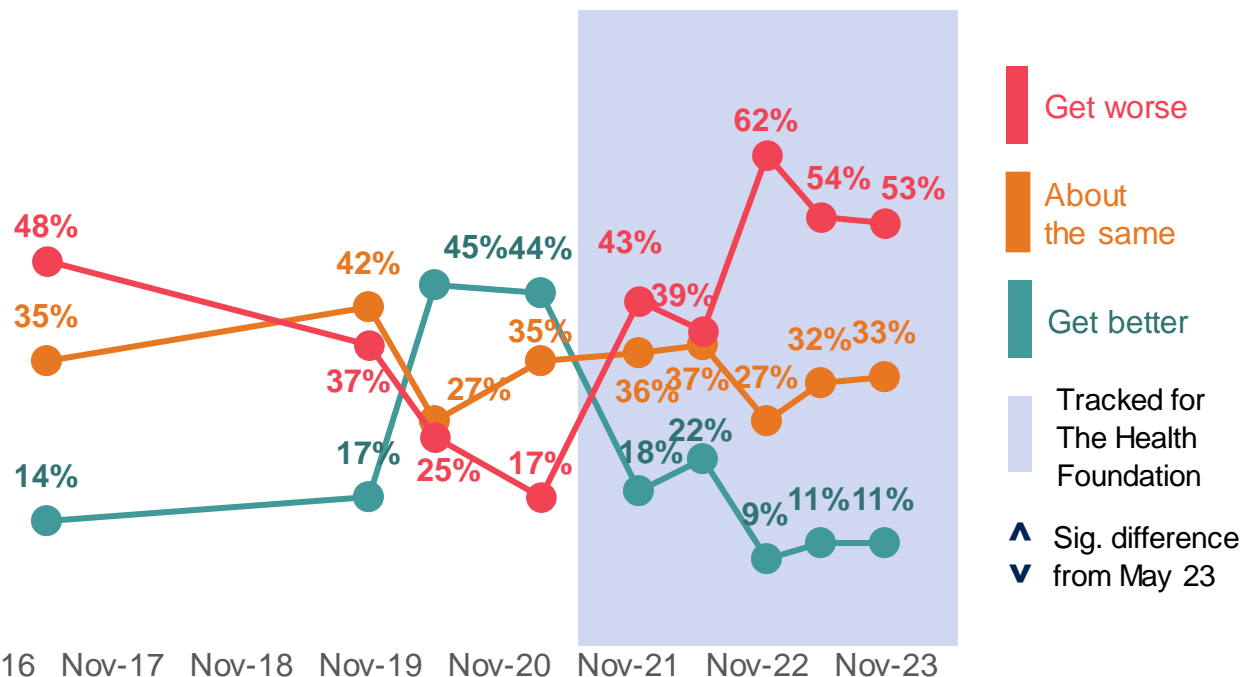
✓ Those who intend to vote Conservative (15%) or personally work in the NHS (15%) are more likely to think the standard of care has got better over the last 12 month, compared with the average (8%).

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 | May 2023: 2,450 | Nov 2023: 2,301. Please also note that findings from May 2020 and before were collected using a different methodology and so comparisons should be treated with caution. Findings for March 2021, November 2021, May 2022, November 2022, May 2023 and November 2023 were collected using the same methodology and can be directly compared

Expectations for the general standard of NHS care in the next 12 months remain stable compared with May 2023

Just over half (53%) think that the general standard of NHS care will get worse in the next 12 months, whilst one third (33%) think the general standard of care will stay the same – in line with views in May 2023

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



Women (56%), those aged 35-44 (59%) or 55-64 (59%), graduates (58%), have a health problem / disability (59%) or those who intend to vote Labour (57%) or Liberal Democrat (64%) are more likely to think the standard of care will get worse over the next 12 months, compared with the average (53%).

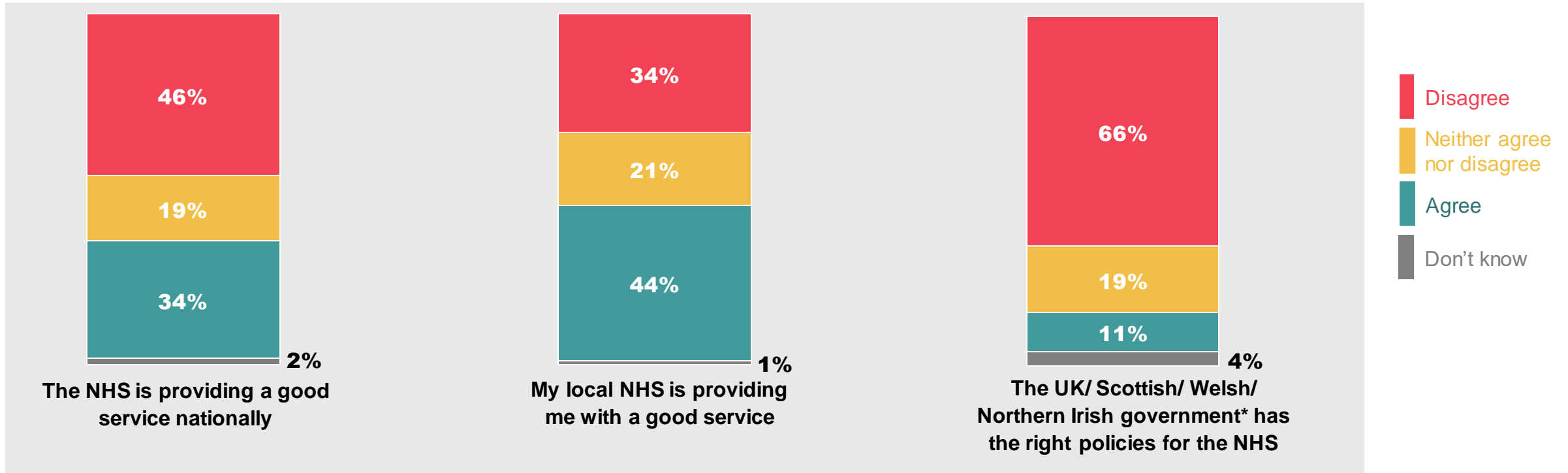
Those aged 75+ (16%), people from ethnic minority backgrounds (22%), those in lower supervisory and technical occupations (18%) or those who intend to vote Conservative (23%) are more likely to think the standard of care will get better over the next 12 months, compared with the average (11%).

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 | May 2023: 2,450 | Nov 2023: 2,301. Please also note that findings from May 2020 and before were collected using a different methodology and so comparisons should be treated with caution. Findings for March 2021, November 2021, May 2022, November 2022, May 2023 and November 2023 were collected using the same methodology and can be directly compared

The public generally do not think their government has the right policies for the NHS, and they are fairly divided about the service the NHS is providing nationally and locally

Two-thirds do not think their government has the right policies for the NHS (66%) - and significant minorities disagree that the NHS is providing a good service nationally (46%) or locally (34%)

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



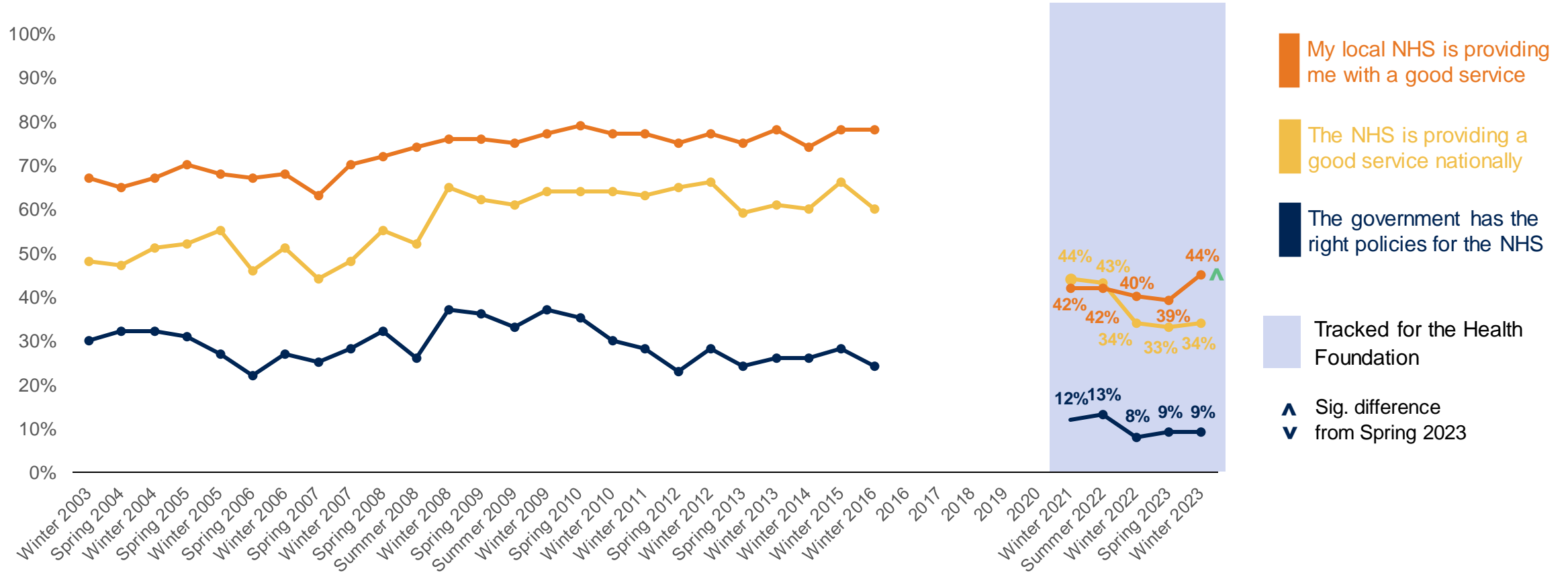
*Note – question was asked specifically about corresponding government i.e. UK, Scottish, Welsh and Northern Irish.

Bases: All participants, November 2023 n=2,301 23rd – 29th November 2023. All conducted online via KnowledgePanel UK.

There is a notable uptick in those who think the local NHS is providing a good service

However, public opinion on NHS services locally, nationally and on the government's policies for the NHS are still lower compared to historical standards

To what extent do you agree or disagree with each of the following statements? (% Strongly agree / tend to agree)



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 I KP survey, England participants Nov 2021: 1,618 | May 2022: 1,622 | Nov 2022: 1,632 | May 2023: 1,878 | Nov 2023: 1,774 *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. Findings are for England only.

Views on government policies for the NHS and the quality of NHS services nationally and locally differ by a variety of features

For instance, those intending to vote **Conservative** are more likely to think the government have the right policies in place for the NHS, and those aged over 45 are more likely to disagree that the NHS is providing a good service nationally

Demographic differences

Men (13%) or those who intend to vote **Conservative** (27%) are more likely to agree the government has the right policies in place for the NHS, compared to average (11%). Conversely, those intending to vote **Labour** (79%), or **Liberal Democrat** (80%) are more likely to disagree with this statement compared to average (66%).

Those **aged 16-24** (51%) and those with **children in the household** (39%) are more likely to agree the NHS is providing a good service nationally compared with the average (34%) However around half of those **aged 45-64** (51%) are more likely to disagree with this compared to average (46%).

People living in **rural areas** (51%) are more likely to agree that their local NHS is providing a good service compared with the average (44%).

Occupation

Full-time students (52%)* are more likely to agree that the NHS is providing a good service nationally compared to average (34%). However, those working in **managerial, administrative and professional occupations** (50%) are more likely to disagree with this statement, compared to average (46%).

*Please treat with caution as they are based on fewer than 100 participants.



Use of NHS services

Those who have **used any NHS service in the last 12 months** (46%) are slightly more likely to agree the NHS is providing a good service locally compared to average (44%).

Those who have used **NHS 111** (40%), **urgent and emergency care** (38%) or **mental health services** (43%) **in the past 12 months** are more likely to disagree that their local NHS is providing a good service, compared to average (34%).

Regional differences

Those living in **Scotland** (25%) or **Wales** (18%) are more likely to agree that their governments have the right policies in place for the NHS compared with those living in **England** (9%) or **Northern Ireland** (8%).

Those living in **Northern Ireland** (43%) are more likely to disagree that their local NHS is providing them with a good service, compared to average (34%).

Views on funding for the NHS

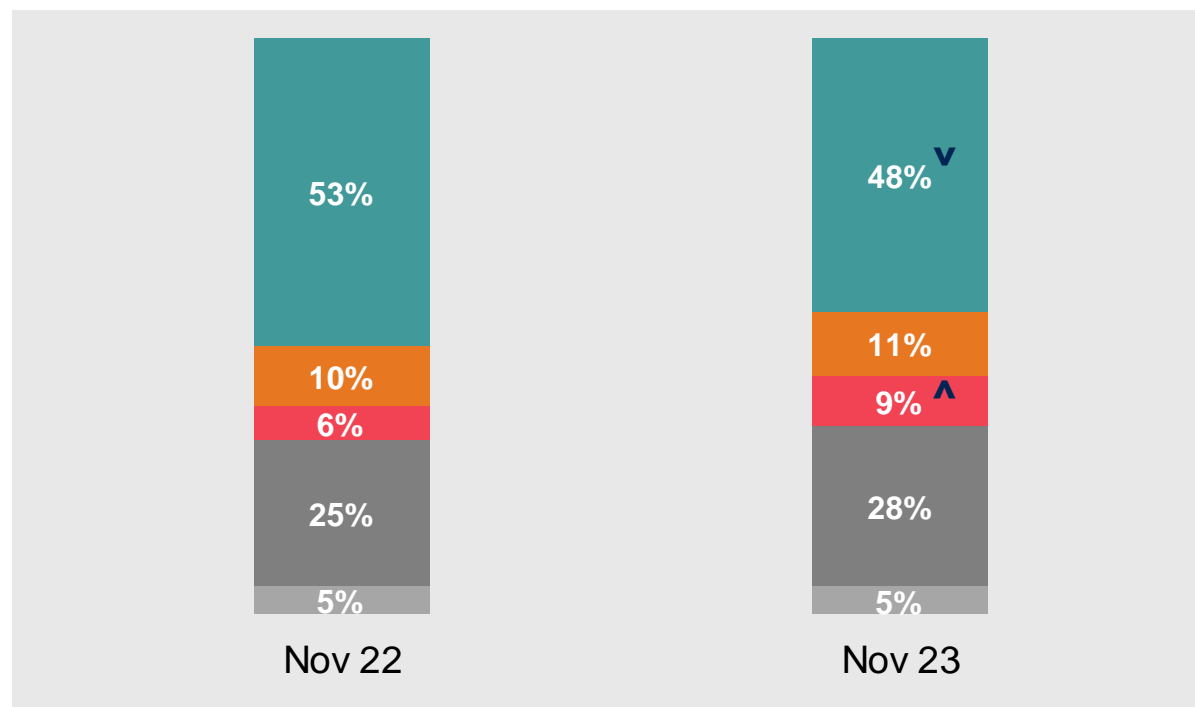
05

The public's favoured option on funding is to increase taxes in order to maintain the level of spending needed to keep the current level of care and services provided by the NHS

Around half (48%) would like to see an increase in taxes to maintain current levels of care and services, though this is lower than in November 2022 (53%). This is in preference to reducing spending on other services (11%) or reducing the NHS' level of care and services (9%). One-quarter (28%) 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

▲ Sig. difference from Nov 22
▼

Bases: All participants, Nov2023 n=2,301 23rd – 29th November 2023; Nov 2022 n=2,063 24th – 30th November 2022, All conducted online via KnowledgePanel UK.

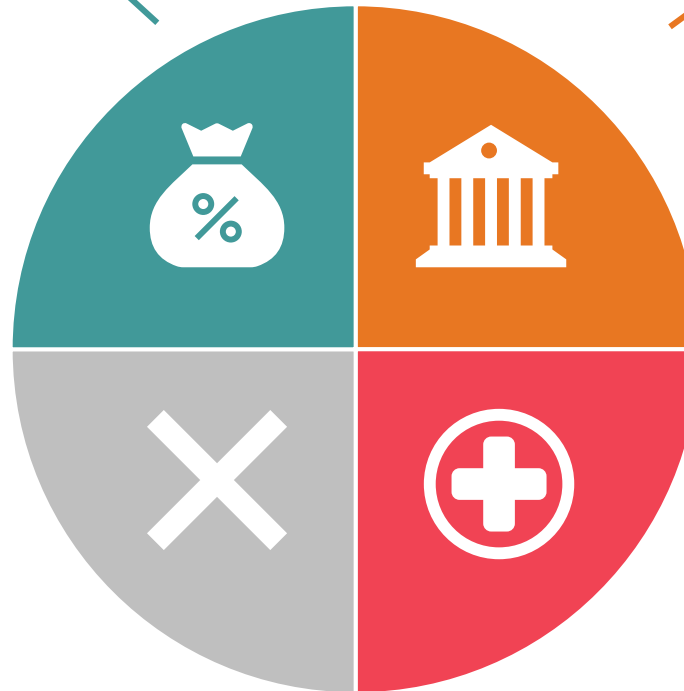
Support for options for maintaining or reducing the level of care in the NHS differ most prominently by age and voting intention

Increase taxes

Men (52%), those aged 55+ (60%), graduates (58%), those who have a household income between £52k and £99,999 (56%), live in Scotland (57%) or the second least deprived IMD quintile (56%), work in managerial, administrative and professional occupations (53%) or intend to vote Labour (63%) or Liberal Democrat (59%) are all more likely to think taxes should be increased to keep the current level of care and services provided by the NHS (48% overall).

None of these

Those aged 35-44 (35%), non-graduates (30%), those who would not vote (39%) or are undecided (37%) are all more likely to think none of these solutions are suitable (28% overall).



Reduce spending on other services

Those aged 16-34 (18%), who are from an ethnic minority background (21%), are working full-time (14%), or live in the most deprived areas (15%), 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 (11% overall).

Reduce level of care/services in NHS

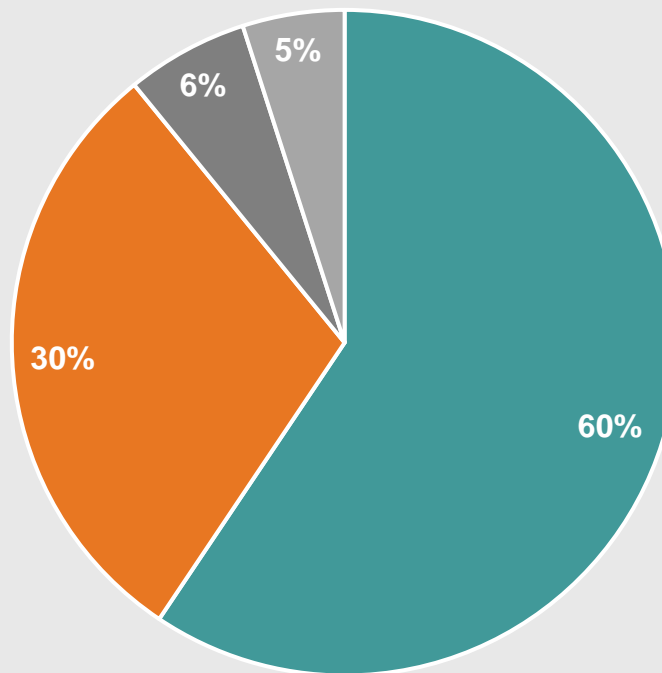
Full-time students (17%)* or those who intend to vote Conservative (18%) are all more likely to think the level of care and services provided by the NHS should be reduced so the current level of taxation does not need to be increased (9% overall).

**Please treat with caution as they are based on fewer than 100 participants.*

If the NHS budget is not increased, the public lean towards making it easier to access community-based services than care in hospitals

Overall, 60% would prioritise making it easier for people to access community-based services close to home, while 30% would prioritise making it easier for people to access care in hospitals

If the NHS budget is not increased, what should the government prioritise?



Making it easier for people to access community-based services close to home including a GP and an NHS dentist

Making it easier for people to access care in hospitals including A&E and planned procedures

Neither of these

Don't know

Women (62%), those aged 55-64 (68%) or live in rural areas (64%), are all more likely to prioritise making it easier for people to access community-based services (60% overall).

Those **aged 16-24 (41%),** who are from an **ethnic minority background (37%),** live in the **North East (40%)*,** are **long-term unemployed (45%)*** or a **full-time student (45%)*** are more likely to prioritise making it easier for people to access care in hospitals (30% overall).

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

Bases: All participants, Nov 2023 n=2,301 23rd – 29th November 2023. All conducted online via KnowledgePanel UK.

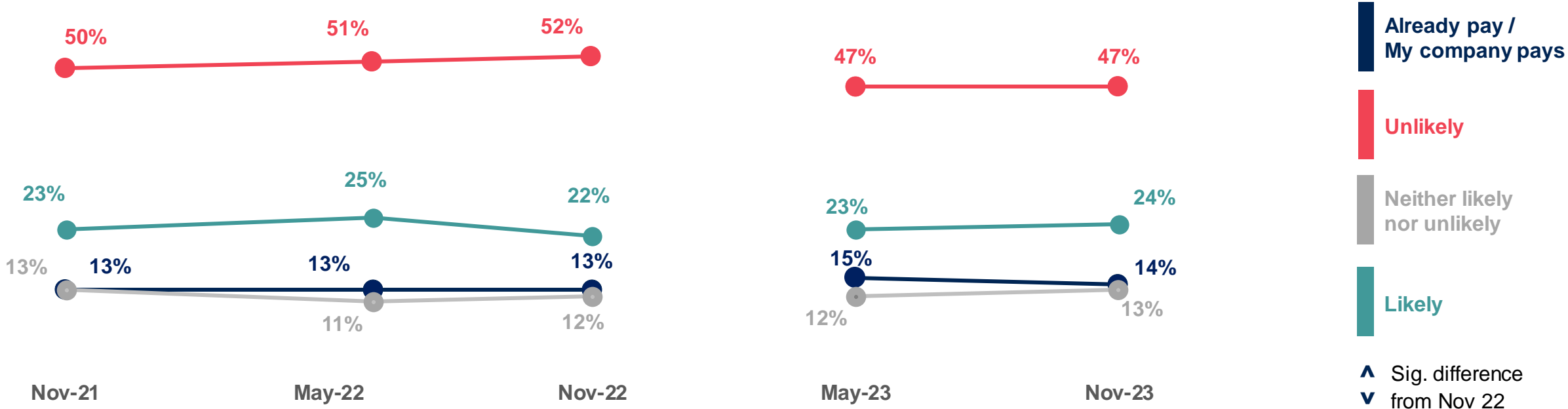
Views on private healthcare

06

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

Just under one-quarter (24%) of the public say they are likely to pay, and 14% already pay or their company already pays. Just under half (47%) of the public say they are unlikely to pay for private health insurance or private healthcare. These findings are consistent with May 2023

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

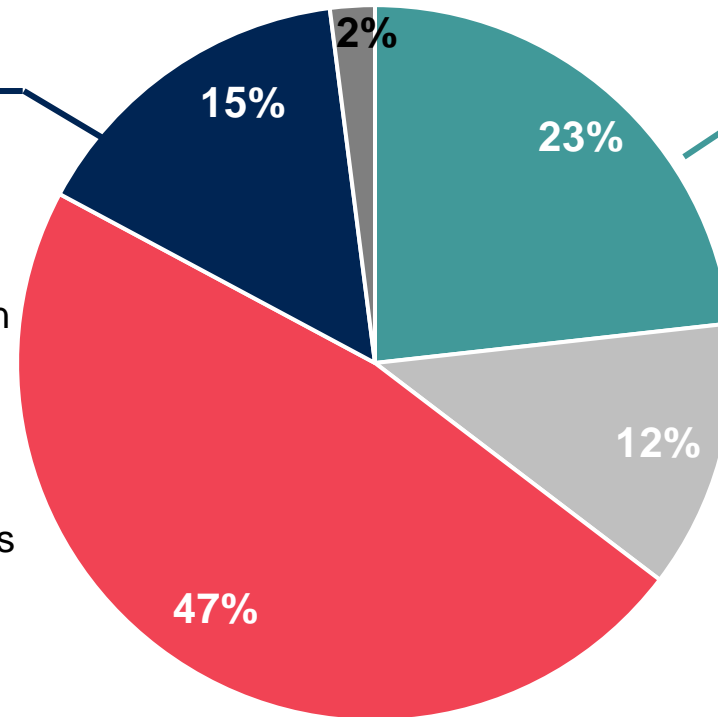


Bases: All participants, Nov2023 n=2,301 23rd – 29th November 2023, May 2023 n=2,450 5th – 10th May 2023, Nov 2022 n=2,063 24th – 30th November 2022, May 2022 n=2,102 26th May – 1st June 2022, Nov 2021 n=2,101 25th November – 1st December 2021. All conducted online via KnowledgePanel UK. Note: Findings from November 2022 and before used a different wording; options were 'I already pay for private healthcare', which was changed to 'I already pay for private healthcare / my company already pays for private healthcare' in May 2023. Comparisons should be treated with caution.

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

Already pay / My company pays

Men (17%), those aged 25-34 (20%), graduates (20%), those working full-time (20%), who have an annual household income of £52k and above (28%), who live in the South East (19%), London (24%), or Northern Ireland (30%), are in the least deprived areas (20%), or work in managerial, administrative and professional occupations (18%) are more likely than average to already pay for private healthcare or private health insurance, or work for a company that does (14%).



Likely to pay

Those aged 65-74 (27%), who have an annual household income between £52k and £99,999 (31%), live in the second least deprived areas quintile (29%), or work in managerial, administrative and professional occupations (27%), are all more likely to say they would pay for private health insurance or healthcare than the average (24%).

Unlikely to pay

Those aged 65 and above (54%), who are not working full-time (52%), non-graduates (50%), have no children in their household (49%), have a household income up to £52,999 (58%), live in the North East* (61%), work in intermediate and semi-routine and routine occupations (56% and 55% respectively), intend to vote Labour (53%), or have used any NHS service in the last 12 months (49%) are all more unlikely to pay for private health insurance or healthcare than the average (47%).

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

Bases: All participants, Nov2023 n=2,301 23^d – 29th November 2023. All conducted online via KnowledgePanel UK.

General views on social care

07

The public tend to think that care workers are paid too little on average

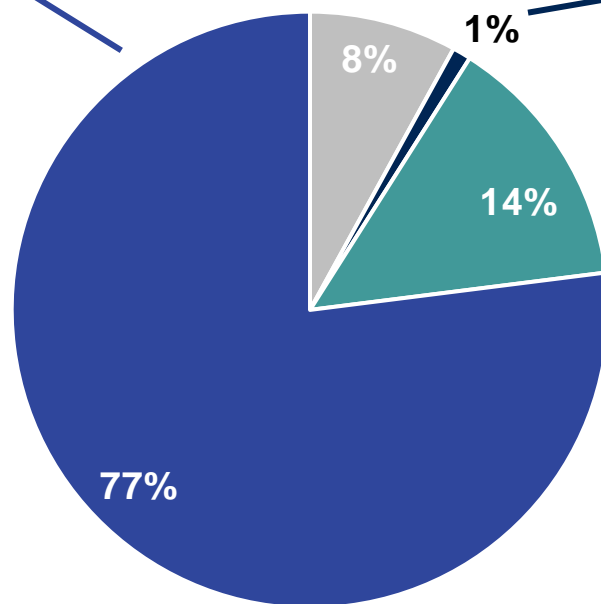
Over three-quarters (77%) of the public think that care workers are paid too little, whilst only a small minority (1%) think they are paid too much

In your opinion, on average, would you say care workers are paid too much, too little or about the right amount?

Too little

Those **aged 55+** (84%), **graduates** (84%), who have an **annual household income above £52,000** (83%), live in the **least deprived areas** (83%) or work in **managerial, administrative and professional** (81%) or **intermediate occupations** (81%), are more likely to think care workers are paid too little, than average (77%).

Similarly, those who **intend to vote Labour** (85%) or have a **health problem / disability** (82%) also more likely than average to think care workers are paid too little.



Too much

Those living in the **North East** (7%)*, who have **personally used social care services in the past 12 months** (11%) or those who **personally work in the NHS** (4%) are more likely to think that care workers are paid too much, compared to average (1%).

About the right amount

Those **aged 16-24** (21%), people from **ethnic minority backgrounds** (24%) or those who **intend to vote Conservative** (26%) or who **would not vote at all** (22%) are more likely to think that care workers are paid about the right amount, compared to average (14%).

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

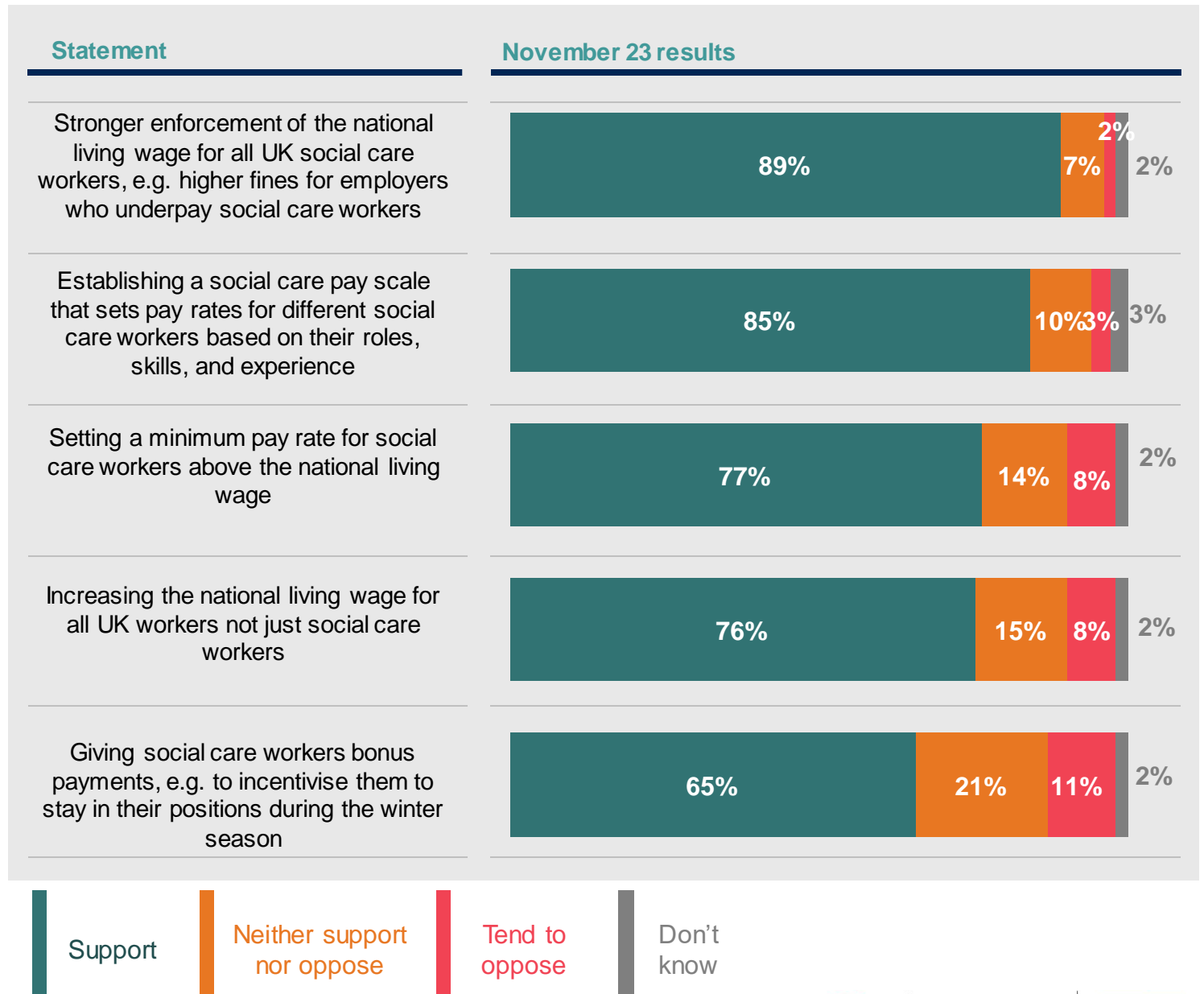
Bases: All participants, Nov 2023 n=2,301 23rd – 29th November 2023. All conducted online via KnowledgePanel UK.

The public support many different measures to increase pay for care workers, particularly stronger enforcement of the national living wage for all UK social care workers and establishing a social care pay scale

Adult social care is currently facing major staff shortages. Social care workers are paid less than most other UK workers on average.

You will now see some actions that could be taken to increase pay for care workers. These would require an increase in funding for social care, which may lead to higher taxes, or mean that individuals have to pay more for the social care they need.

To what extent do you support or oppose each of the following measures...?



Support

Neither support nor oppose

Tend to oppose

Don't know

Bases: All participants, Nov 2023 n=2,301 23rd – 29th November 2023. All conducted online via KnowledgePanel UK.

Views appear to differ mostly by age, education and voting intention

Measure	Group differences
Stronger enforcement of the national living wage for all UK social care workers, e.g. higher fines for employers who underpay social care workers	Those aged 55-74 (94%), who have an annual household income between £52,000-£99,999 (94%), who intend to vote Labour (94%) or Green Party (96%) or graduates (95%) are more likely to support this action than average (89%).
Increasing the national living wage for all UK workers, not just social care workers	Those aged 55-64 (80%), who live in Northern Ireland (85%), have semi-routine and routine occupations (83%), intend to vote Labour (86%) or have a health problem / disability (80%) are more likely to support this action than average (76%).
Giving social care workers bonus payments, e.g. to incentivise them to stay in their positions during the winter season	Those aged 25-34 (74%), graduates (70%), those with an annual household income between £52,000-£99,999 (70%) or who intend to vote Labour (73%) are more likely to support this action than average (65%).
Setting a minimum pay rate for social care workers above the national living wage	Those aged 55-64 (81%), graduates (82%) or those who intend to vote Labour (84%) or Green Party (86%) are more likely to support this action than average (77%).
Establishing a social care pay scale that sets pay rates for different social care workers based on their roles, skills, and experience	Those aged 55+ (92%), graduates (92%), those who have an annual household income between £52,000-£99,999 (93%), live in the least deprived areas (91%), have managerial, administrative or professional occupations (91%) or intend to vote Conservative (92%) are more likely to support this action than average (85%).

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

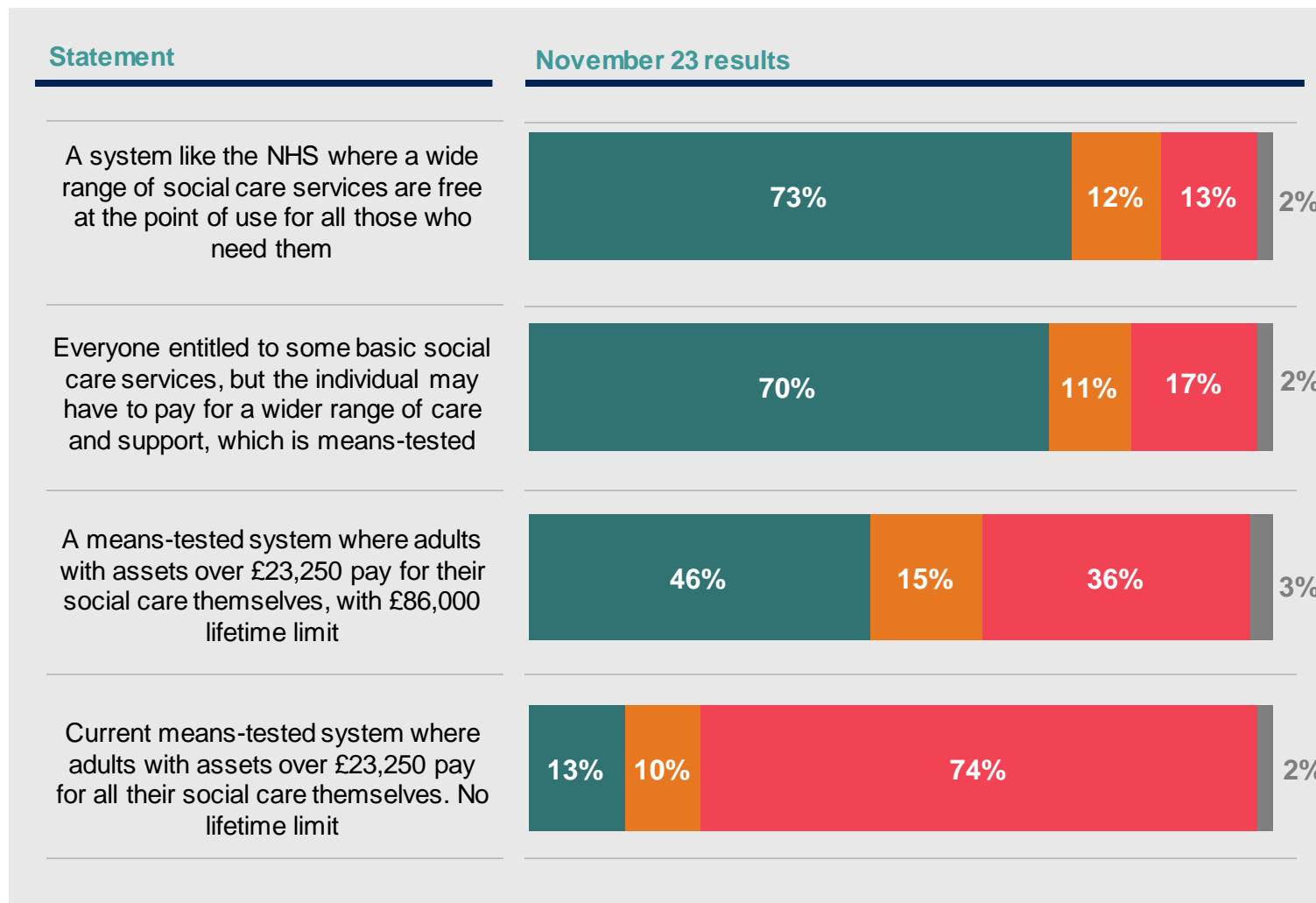
The majority of the public think the current social care means-tested system is unfair

Conversely, they think a system like the NHS that is free at the point of use, or where everyone is entitled to some services with additional services means-tested is more fair

Currently in England, social care is means-tested. Adults with more than £23,250 in assets pay for the full cost of their social care needs themselves. There is no limit on how high this cost could be. Assets are things like the value of their house and how much money they have in the bank.

As well as the current system, there are several options for splitting the cost between the individual and government.

How fair or unfair do you think the following approaches to funding social care are?



Bases: All England participants*, Nov 2023 n=1,787 23rd – 29th November 2023. All conducted online via KnowledgePanel UK.

* During fieldwork, 1,204 panellists completed the survey with the incorrect version of a question (i.e., an answer option in question Q210Q read ‘Somewhat fair’ rather than ‘Somewhat unfair’)*. These participants were reinvited to complete the corrected version of the question. A total of 1,077 (90% of the affected sample who had completed the entire survey) re-took the correction survey within the fieldwork period. This data replaced the data in the original survey and the data from the remaining 127 respondents who did not complete the correction survey was re-coded as “Did not answer”.

Views differ mostly by age, education, region and voting intention

The current means-tested system where adults with assets over £23,250 pay for all their social care themselves. There is no limit to how much someone might pay over their lifetime

A means-tested system where adults with assets over £23,250 pay for their social care themselves, but with a cap to limit the amount someone would pay over their lifetime to £86,000

Those who **personally work as a social care worker** (37%)*, are **aged 16-24** (24%), live in **London** (22%) or **intend to vote Liberal Democrat** (25%) are more likely to think this option is fair, than average (13%). Conversely, those **aged 45+** (83%), who live in **rural areas** (84%) or **South West England** (81%), or work in an **intermediate occupation** (81%) are more likely to think this option is unfair, than average (74%).

Those who **personally work as a social care worker** (70%)*, are **aged 65-74** (51%), have an **annual household income above £52,000** (53%), **graduates** (54%) or those who **intend to vote Labour** (52%) are more likely to think this option is fair, than average (46%). Conversely, those **aged 45-54** (44%), who live in **North England** (41%) or have a **health problem / disability** (43%) are more likely to think this option is unfair, than average (36%).

A system where everyone is entitled to some basic social care services regardless of their assets (i.e. not means-tested) but the individual may have to pay for a wider range of care and support, which is means-tested

Those **aged 25-34** (80%), who have an **annual household income between £52,000-£99,999** (77%), live in the **Midlands** (75%), **intend to vote Conservative** (76%) or are **graduates** (77%) are more likely to think this option is fair, than average (70%). Conversely, those **aged 75+** (23%), who have **vocational / professional / foreign** (25%) or **no qualifications** (30%), live in **Yorkshire and the Humber** (25%) or have a **health problem / disability** (25%) are more likely to think this option is unfair, than average (17%).

Graduates (80%) or those who **intend to vote Labour** (80%) are more likely to think this option is fair, than average (73%). Conversely, people from **ethnic minority background** (21%) are more likely to think this option is unfair, than average (13%).

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

Views on the cost of living crisis

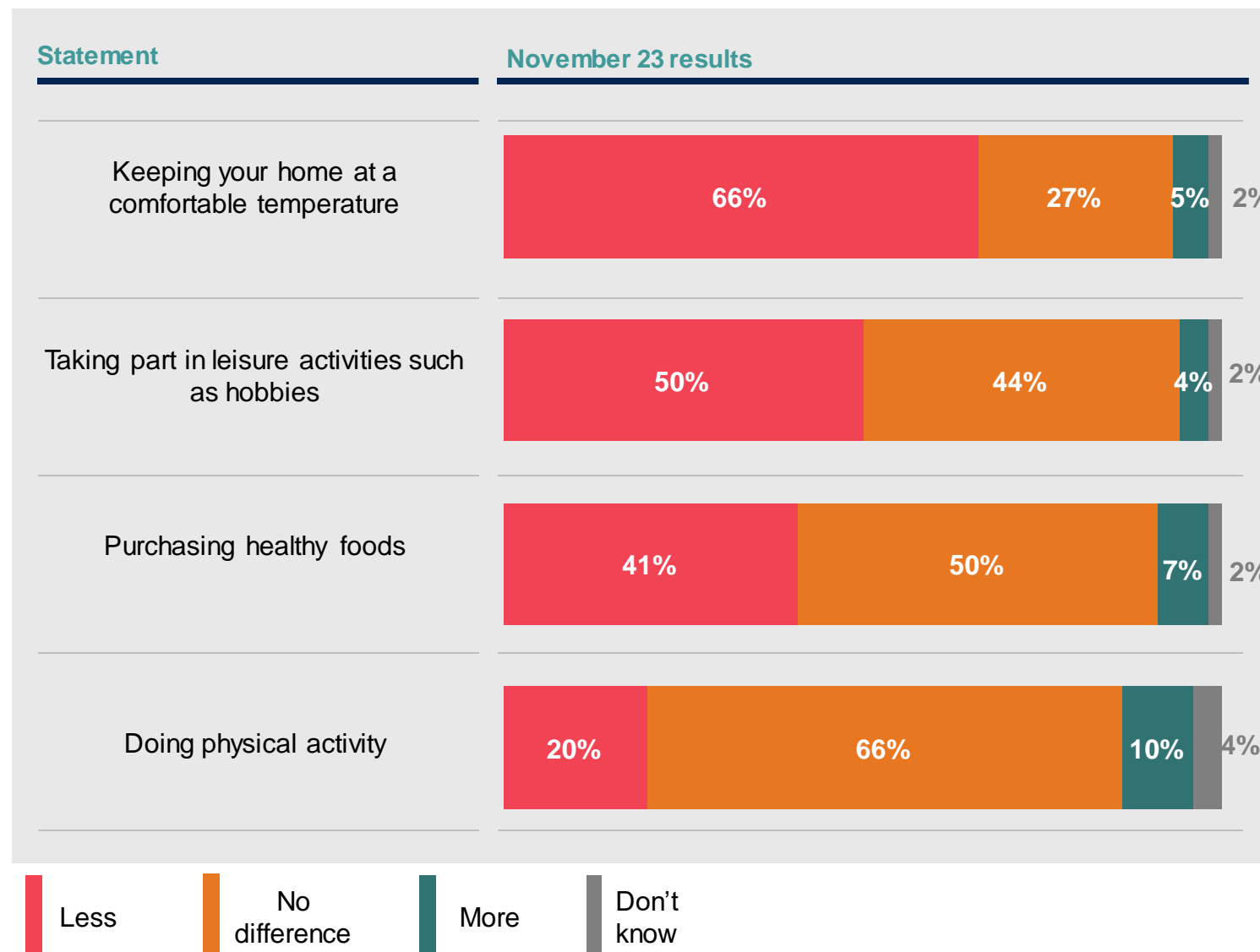
08

Increases to cost of living are impacting some of the public's activities, most notably keeping their homes at a comfortable temperature

Two-thirds (66%) say they keep their homes at a comfortable temperature less due to increases to the cost of living, while half (50%) say they take part in leisure activities less as a result (although 44% say this has not been affected).

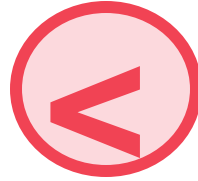
Engaging in physical activity is the activity least impacted by increases to cost of living, with two-third (66%) saying it has made no difference to them doing physical activity.

To what extent have increases to the cost of living caused you to do more or less of each of the following activities in your life, or has it made no difference?

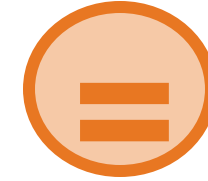


Bases: All participants, Nov2023 n=2,301 23rd – 29th November 2023. All conducted online via KnowledgePanel UK.

There are patterns in the impact of increases to the cost of living on most of the different activities depending on various demographic factors



Women, those living in the **most deprived areas**, with an **annual household income up to £25,999**, those with **children in their household**, are **long-term unemployed or never worked***, are **frequent users of NHS services** including **NHS 111, urgent and emergency care** and **mental health services**, have recently used **social care services** or those with a **health problem / disability** are more likely to report doing all four activities less due to increases to cost of living, compared to average.



Those **aged 55+**, living in **rural** or the most **affluent areas**, with **high annual household incomes**, working in **managerial, administrative or professional occupations** or those who **intend to vote Conservative** are more likely to report that increases to cost of living has not impacted their engagement with all four activities, compared to average.

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

Views on public health and government interventions

09

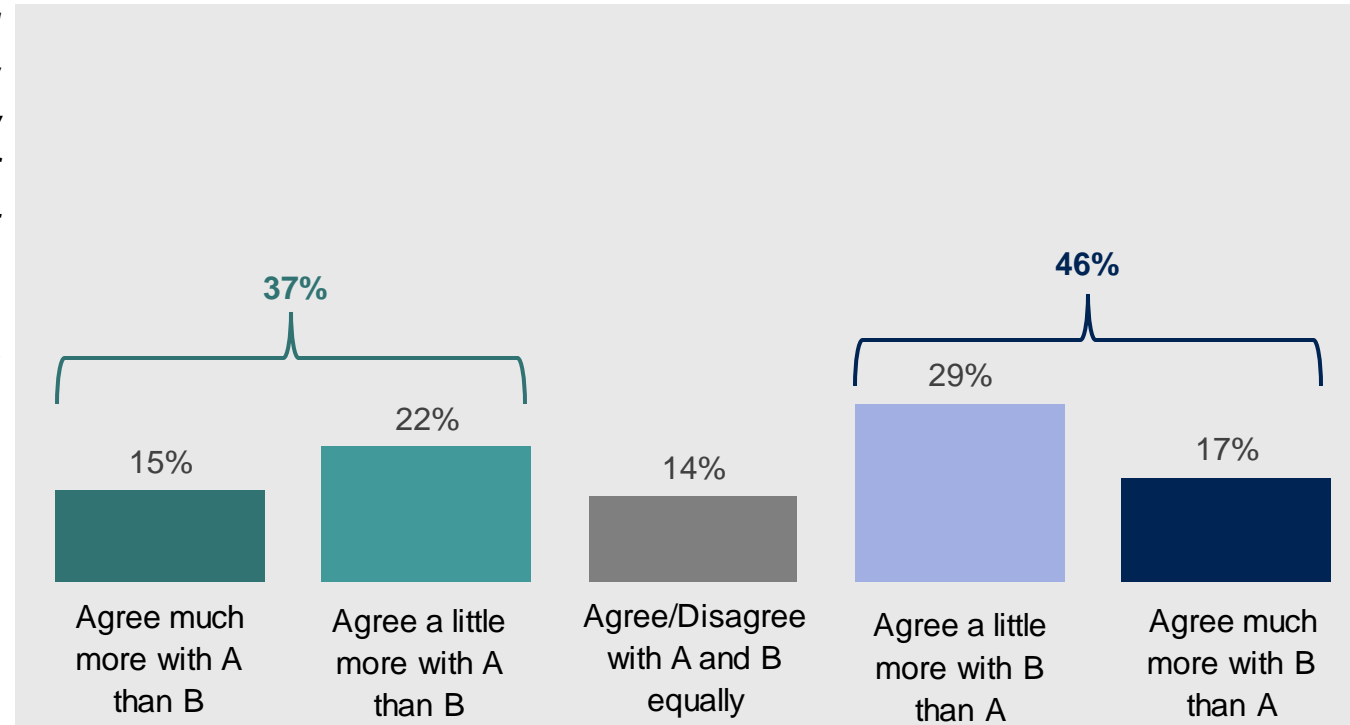
The public lean slightly towards making their own decisions about their lifestyles versus government putting stricter measures in place to improve public health

While just under two in five (37%) feel that the government should put in place stricter measures to improve how healthy people are just under half (46%) conversely feel that government should let individuals make their own decisions about their lifestyles

Which of the following statements comes closest to your view of how involved governments should be in improving how healthily people live and the extent to which individuals should be able to choose?

A. The government should put in place stricter measures to improve how healthy people are, even if this means that individuals have less ability to make their own decisions about their lifestyles

B. The government should let individuals make their own decisions about their lifestyles and not put in place stricter measures to improve how healthy people are, even if this means the overall health of the public will get worse



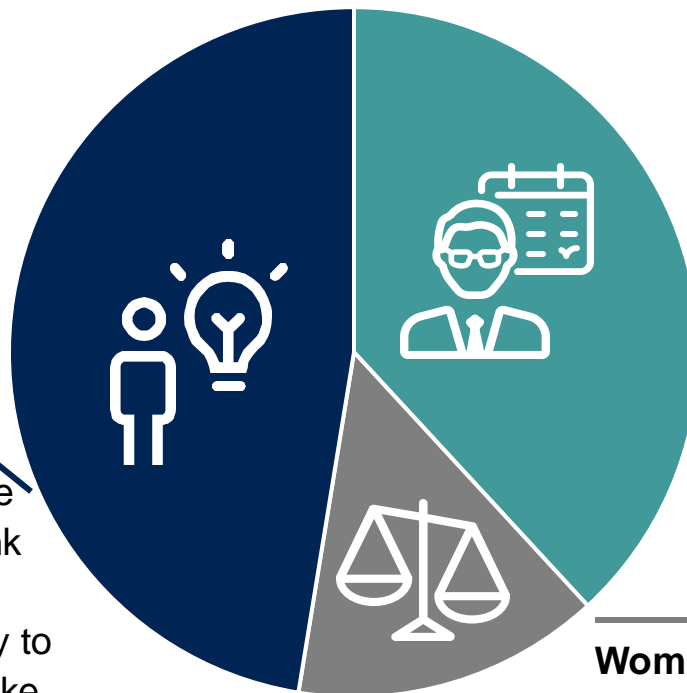
Bases: All participants, November 2023 n=2,301 23rd – 29th November 2023. All conducted online via KnowledgePanel UK.

There are a few subtle differences between those who think the government should be stricter versus those who think individuals should make their own decisions about their lifestyles

For instance, those who are optimistic about the standard of NHS care in the next 12 months are more likely to agree that the government should enforce stricter measures to improve how healthy people are

A. The government should put in place stricter measures to improve how healthy people are, even if this means that individuals have less ability to make their own decisions about their lifestyles

B. The government should let individuals make their own decisions about their lifestyles and not put in place stricter measures to improve how healthy people are, even if this means the overall health of the public will get worse



Those who think the general standard of care in the NHS will get better in the next 12 months (45%), those living in Northern Ireland (46%) or the South East (43%) are more likely to agree that the government should put in place stricter measures to improve how healthy people are, compared with the average (37%).

Equally agree/don't agree with either

Those from White ethnic backgrounds (47%), those who live in the South West (54%) or those who think the general standard of care in the NHS will get worse in the next 12 months (48%) are more likely to agree that the government should let individuals make their own decisions about their lifestyles and not put in place stricter measures to improve how healthy people are compared with the average (46%).

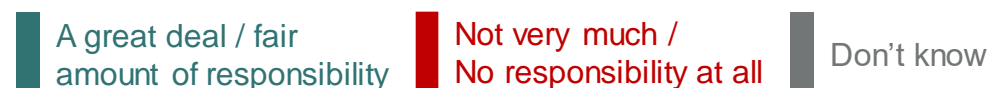
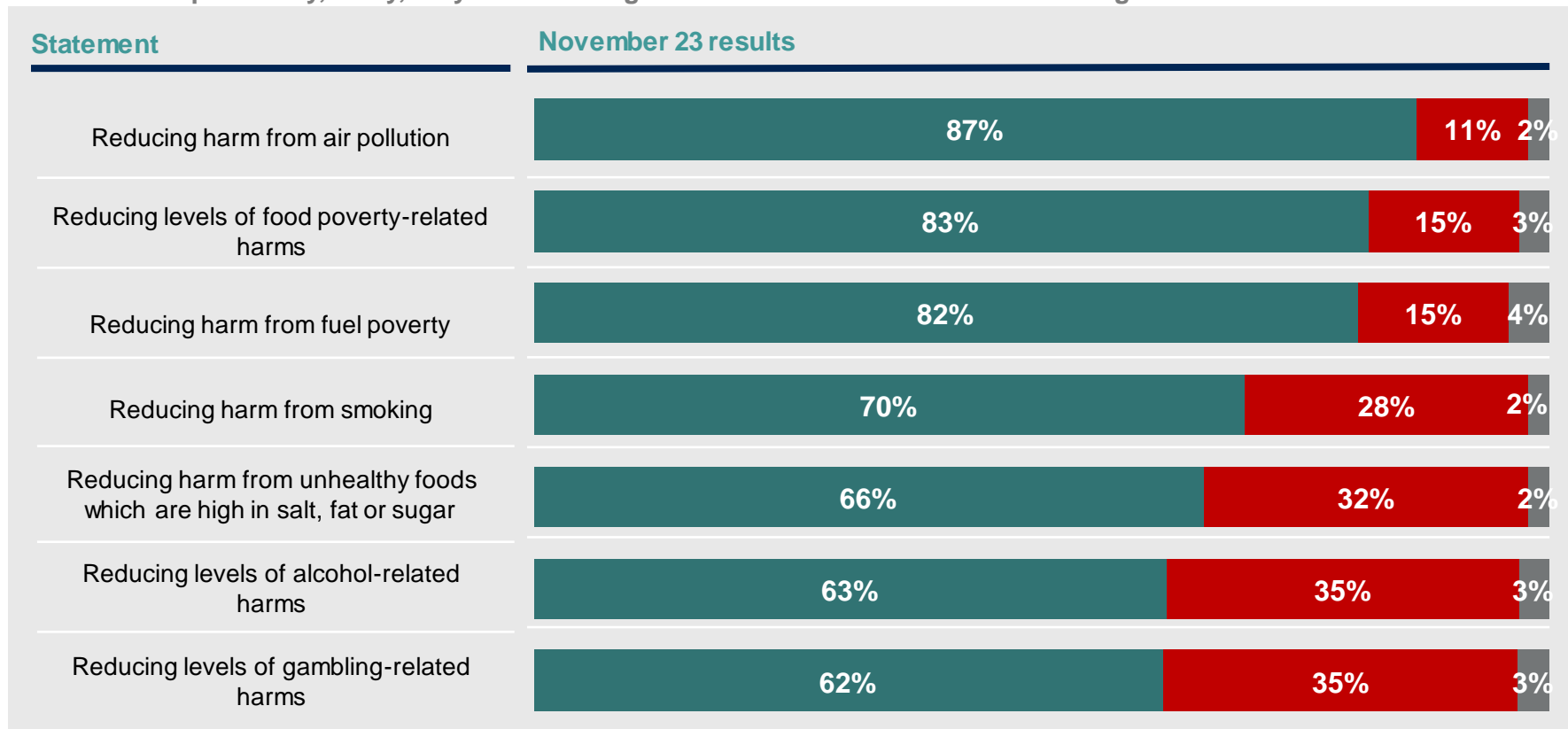
Women (15%), those with an annual household income of up to £25,999 (17%) or those intending to vote Green Party (21%)* are most likely to equally agree/disagree with these statements compared with the average (14%).

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

The public tend to think the government has greater responsibility for reducing harm from air pollution, food poverty and fuel poverty

Government is viewed as having greater responsibility for reducing harm from air pollution (87%), food poverty (83%) and fuel poverty (82%)

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

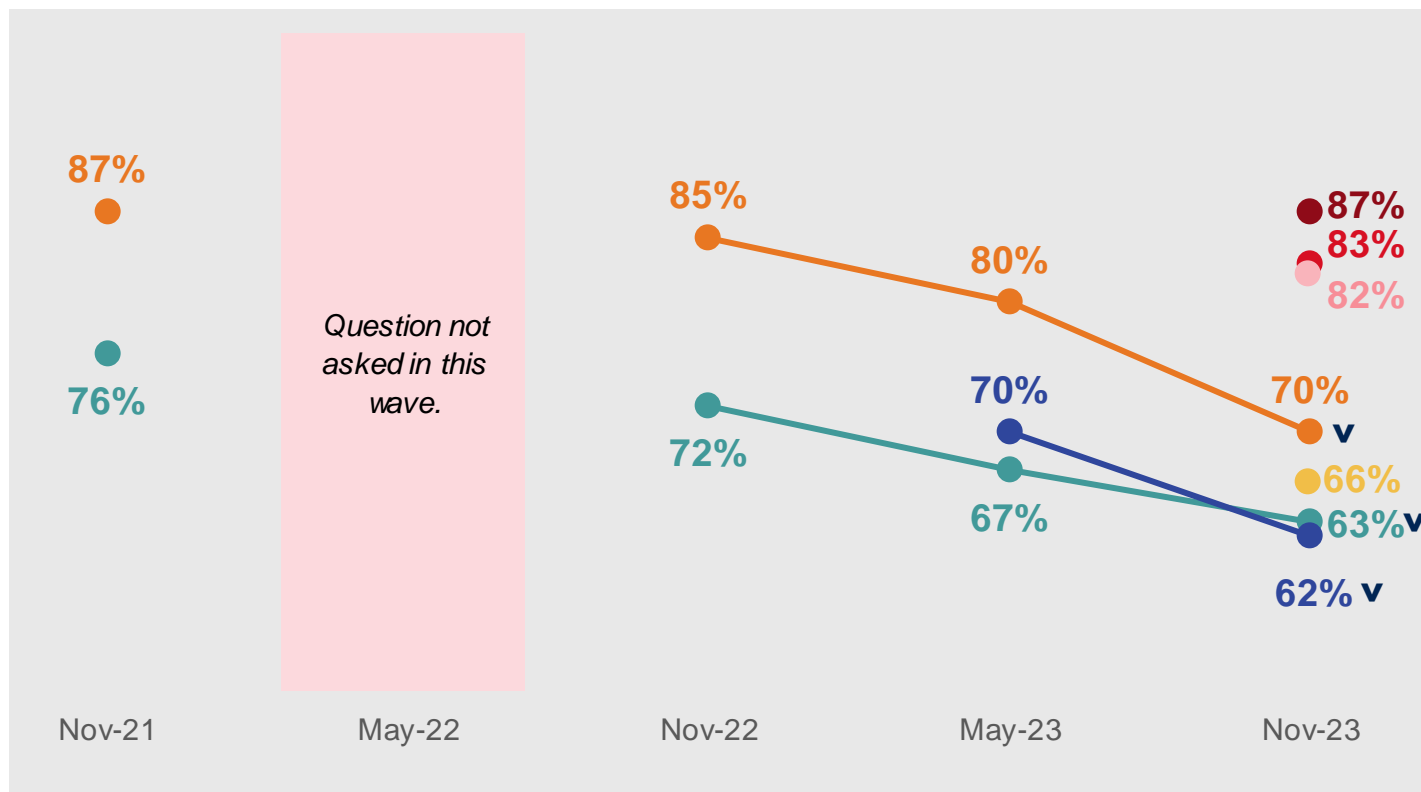


Bases: All participants, Nov 2023 n=2,301 23rd – 29th November 2023. All conducted online via KnowledgePanel UK.

The proportion of the public who think reducing harm from smoking, alcohol and gambling is the responsibility of government has continued to decline

Although it is important to note that new statements were added to this question in November 2023, which may have an impact on trends

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



- Reducing harm from air pollution
 - Reducing levels of food poverty-related harms
 - Reducing harm from fuel poverty
 - Reducing harm from smoking
 - Reducing harm from unhealthy foods which are high in salt, fat or sugar
 - Reducing levels of alcohol-related harms
 - Reducing levels of gambling-related harms
- ▲ Sig. difference
▼ from May 23

Bases: KP survey, Nov 2021: 2,101 | Nov 2022: 2,063 | May 2023: 2,450 | Nov 2023: 2,301 Please note that in the November 2023 survey new statements were added to this question which may have impacted upon the comparability of the data for "reducing harm from smoking", "reducing levels of alcohol-related harms" and "reducing levels of gambling-related harms".

Those who intend to vote for Labour or Green Party are more likely to think the government should be responsible for reducing harms, whereas those who intend to vote Conservative are more likely to think the opposite

Voting intention differences

Those intending to vote **Labour** or **Green Party** are more likely to think the government have a **great/fair amount of responsibility** to reduce harm from **smoking** (Labour 81%, Green Party 82% vs. 70% average), **alcohol** (Labour 74%, Green Party 80% vs 63% average), **gambling** (Labour 74%, Green Party 79% vs 62% average), **food poverty** (Labour 92%, Green Party 93% vs 83% average) or **unhealthy foods** (Labour 77%, Green Party 83% vs 66% average).

Conversely, those intending to vote **Conservative** are more likely to say the government **does not have very much / no responsibility**, for reducing harm from **smoking** (36% vs. 28% average), **alcohol** (49% vs. 35% average), **gambling** (51% vs. 35% average), **food poverty** (28% vs. 15% average), **fuel poverty** (24% vs. 15% average) or **unhealthy foods** (45% vs. 32% average)

Regional differences

Those living in **North England** are more likely to say the government have a **great/fair amount of responsibility to reduce harm from fuel poverty** (86% vs. 82% average), whereas those living in the **South of England** are more likely to say the **opposite** (18% vs. 15% average)



Use of NHS services

Those who have **used any NHS service in the past 12 months** are more likely to think the government has a responsibility for reducing harm from **unhealthy foods** (67% vs. 60% who haven't used any), **food-poverty** (84% vs. 72% who haven't used any), **fuel poverty** (83% vs. 74% who haven't used any) or **air pollution** (88% vs. 82% who haven't used any).

Education and social class

Graduates are more likely to think the government has a responsibility for reducing harm from **smoking** (75% vs. 70% average), **alcohol** (71% vs. 63% average), **gambling** (71% vs. 62% average), **food poverty** (89% vs. 83% average), **air pollution** (93% vs. 87% average), **fuel poverty** (87% vs. 82% average) or **unhealthy foods** (70% vs. 66% average).

Those in the **most deprived quintile** are less likely to think the government should be responsible for **harms from air pollution** (16% vs. 11% average)

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

Whilst the public think the government should be responsible for reducing harm, the majority do not think the government is effective at doing so

How much responsibility, if any, do you think the government has for each of the following? / How effectively, if at all, do you think the government is addressing each of the following?



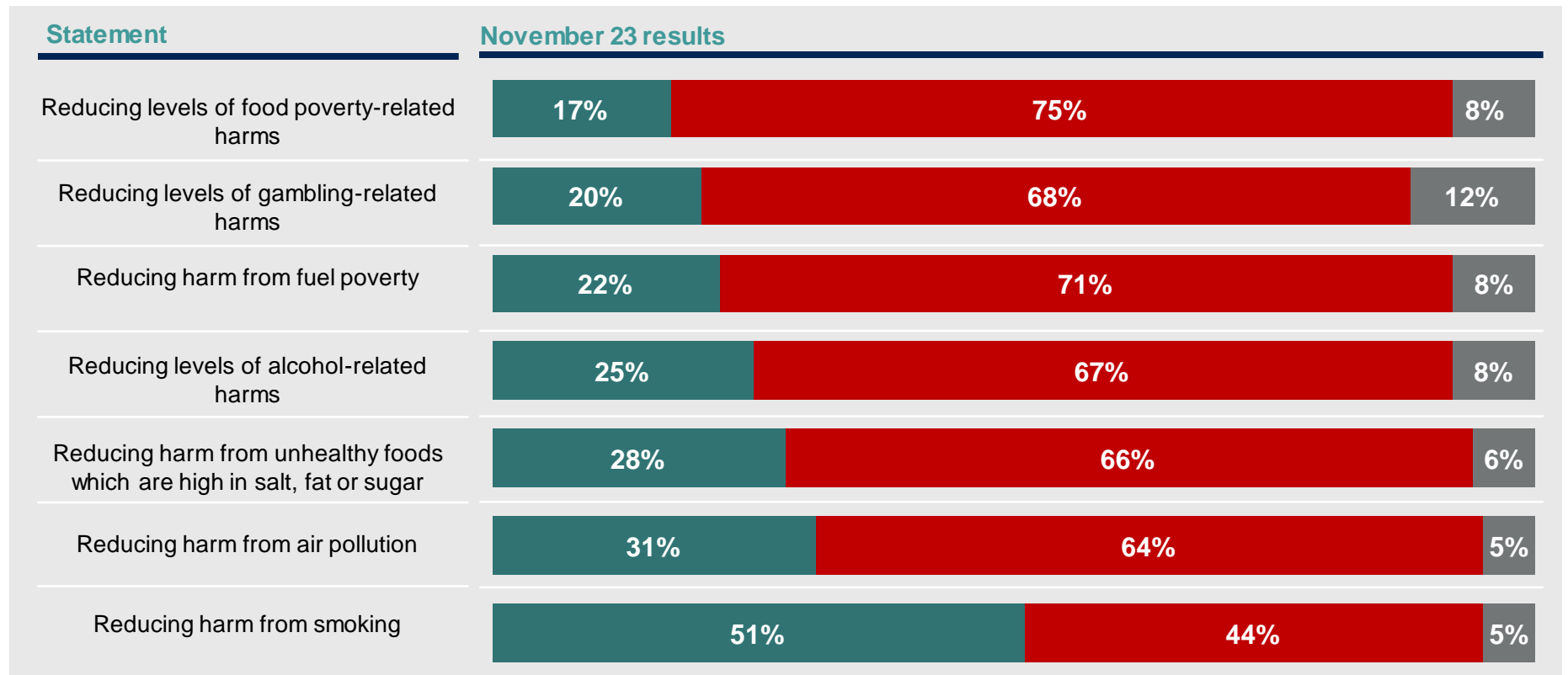
Bases: All participants, Nov2023 n=2,301 23rd – 29th November 2023. All conducted online via KnowledgePanel UK.

The government is seen to most effectively reduce harm from smoking and least effectively reduce levels of food poverty-related harms

Half of the public think the government is effectively reducing harm from smoking (51%).

In contrast, three-quarters (75%) think the government is not effectively reducing food poverty-related harm.

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



Bases: All participants, Nov2023 n=2,301 23rd – 29th November 2023. All conducted online via KnowledgePanel UK.

Those who intend to vote Conservative are more likely to think the government has been effective at reducing harms across the board

Demographic differences

Those who intend to vote **Conservative** are more likely to think the **government has been effective at reducing harm from smoking** (68% vs. 51% average), **alcohol** (36% vs. 25% average), **gambling** (28% vs. 20% average), **food poverty** (38% vs. 17% average), **air pollution** (57% vs. 31% average), **fuel poverty** (44% vs. 22% average) and **unhealthy foods** (44% vs. 28% average).

On the other hand, those who intend to vote **Labour** are more likely to think the government has not been effective at **reducing alcohol-related harms** (74% vs. 67% average), **gambling related harms** (72% vs. 68% average), **food poverty related harms** (86% vs. 75% average), **air pollution** (75% vs. 64% average), **fuel poverty** (79% vs. 71% average) and **unhealthy foods** (73% vs. 66% average).

Use of NHS services

Those who have used any NHS service in the past 12 months are more likely to think the government **has been effective at reducing harm from smoking** (52% vs. 51% average).

Regional differences

Those who live in **Northern Ireland** are more likely to think the government **has not been effective at reducing harm from air pollution** (72% vs. 64% average) or **gambling-related harms** (76% vs. 68% average).

Conversely, those living in **South West England** are more likely to think the government **has been effective at reducing harm from smoking** (59% vs. 51% average) and **alcohol** (31% vs. 25% average).

Education and social class

Those living in the **most deprived quintile** are more likely to think the government **has not been effective at reducing harm from smoking** (50% vs. 44% average).



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

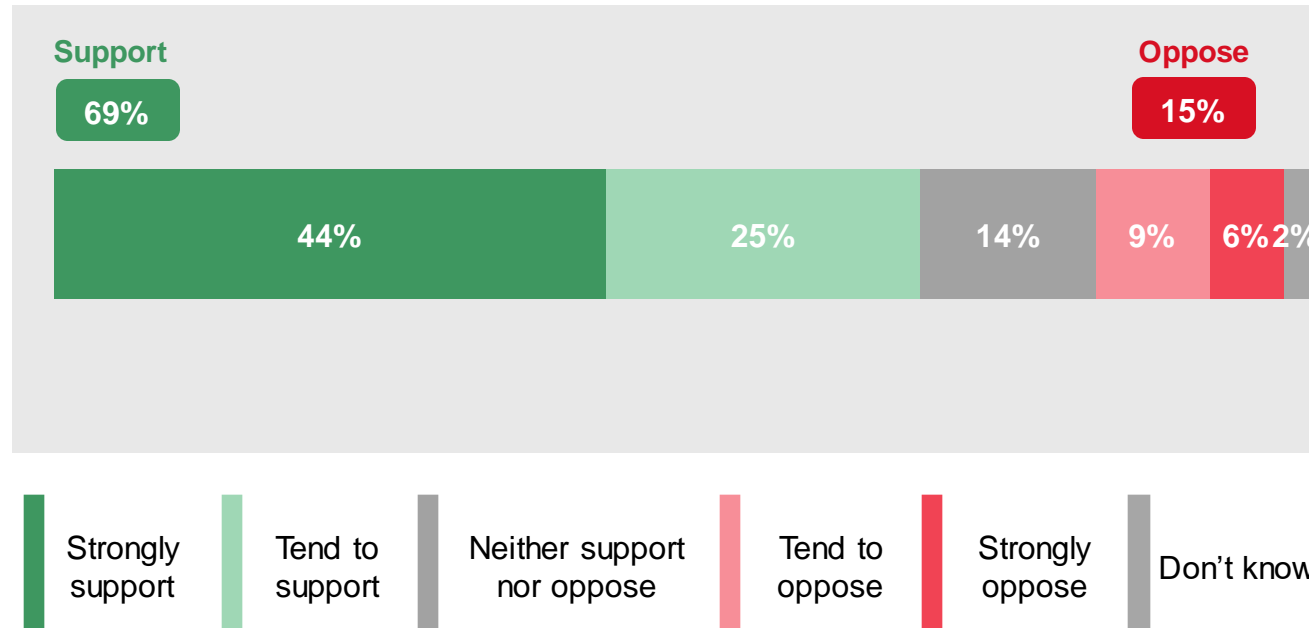
The public generally support the recent policy to increase the legal age for buying cigarettes and tobacco by one year, every year

Around two-thirds of the public (69%) support the government raising the legal age to buy cigarettes, tobacco or cigarette papers by one year, every year, until no one in future generations is legally allowed to buy such products

The age at which people can legally buy cigarettes, tobacco or cigarette papers is 18 years old. The government is proposing to raise the legal age by one year, every year, and will continue to do so until no one in future generations is legally allowed to buy such products. This would mean that no one aged 14 years old or younger today would ever be able to legally buy cigarettes, tobacco or cigarette papers.

To what extent do you support or oppose this measure?

Those intending to vote **Conservative** (74%) or **Labour** (73%) are more likely to support raising the legal age for purchasing cigarettes, tobacco or cigarette papers year by year.



Those living in the **most deprived quintile** (18%), those who would **vote for 'other' political parties*** (23%), and **men** (17%), are more likely to oppose raising the legal age for purchasing cigarettes, tobacco or cigarette papers year by year.

Bases: All participants, November 2023 n=2,301 23rd – 29th November 2023. All conducted online via KnowledgePanel UK.

* Please treat with caution as they are based on fewer 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 **23rd – 29th November 2023**. In total 2,301 interviews were achieved with residents across the United Kingdom aged 16+.

Stratification

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

The sample was stratified by country/education.

A total of 4,234 panellists in the United Kingdom aged 16+ were selected and invited to take part in the survey.

Of these, 2,301 respondents completed the survey – a response rate of 54%.

During fieldwork, 1,204 panellists completed the survey with the incorrect version of a question (i.e., an answer option in question Q210Q read ‘Somewhat fair’ rather than ‘Somewhat unfair’)*. These participants were reinvited to complete the corrected version of the question. A total of 1,077 (90% of the affected sample who had completed the entire survey) re-took the correction survey within the fieldwork period. This data replaced the data in the original survey and the data from the remaining 127 respondents who did not complete the correction survey was re-coded as “Did not answer”.

* Note that some panellists might have abandoned the survey before the error was fixed, thus it is impossible to have an exact number of affected respondents.

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	6.6%	6.3%	0.3%	0.2%
25-34	8.3%	8.2%	0.1%	0.0%
35-44	7.6%	7.8%	0.0%	0.1%
45-54	8.2%	8.4%	0.0%	0.1%
55-64	7.3%	7.6%	0.1%	0.2%
65-74	5.9%	6.3%	0.0%	0.0%
75+	4.5%	5.9%	0.0%	0.1%

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	29.6%
Below degree level	69.2%
Prefer not to say/Not Stated	1.2%

Ethnicity	
White	86.5%
Non-White	12.0%
Prefer not to say/Not Stated	1.5%

Number of adults in the household (16+Pop)	
One adult	18.5%
Two or more adults	81.5%

Detailed methodology

Statistical Reliability

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

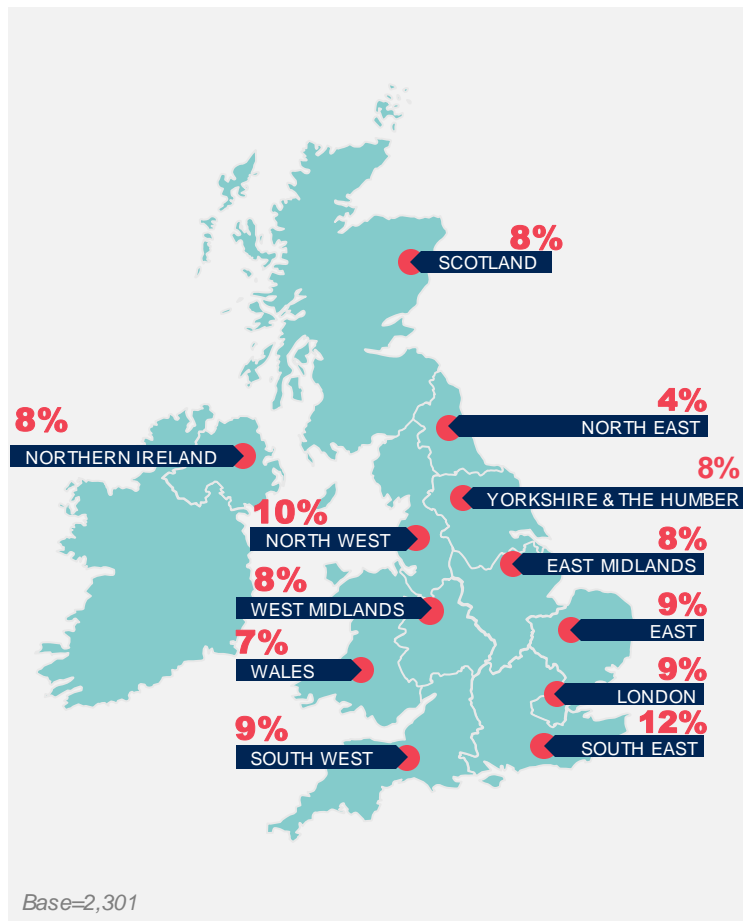
For example, if the sample shows that 30% of people nationally say the government is ‘very effective’ at reducing levels of gambling related harms, we can be 95% confident that the result (had everyone been interviewed) would have been within around +2 percentage points of this figure – i.e. between 28% and 32% (based on a sample of 2,301).

	Result is at or near...		
	10% or 90%	30% or 70%	50%
Sample size	±%	±%	±%
2,301	1.3	2.0	2.1
1,500	1.5	2.3	2.5
1,000	1.9	2.8	3.1
500	2.6	4.0	4.4
300	3.4	5.2	5.7
100	4.1	9.0	9.8

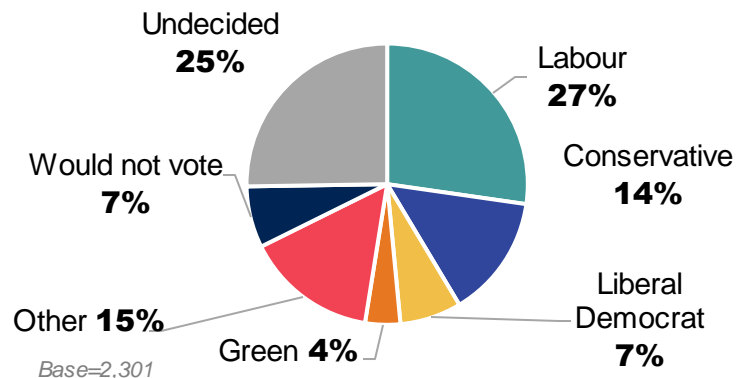
Demographics (unweighted)



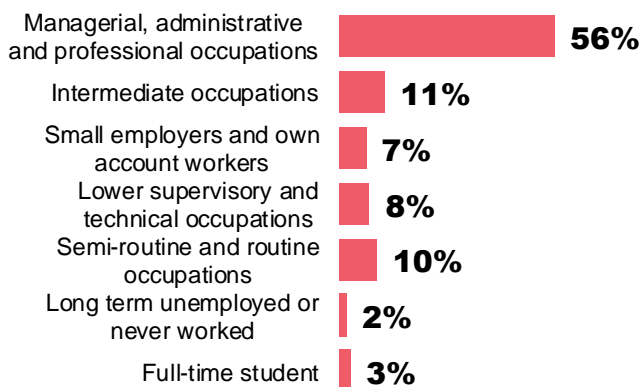
Region



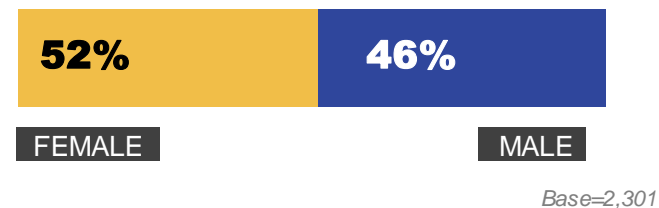
Voting intention



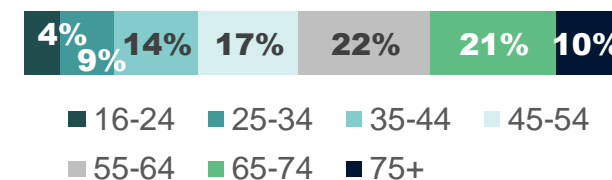
Social Economic Classification



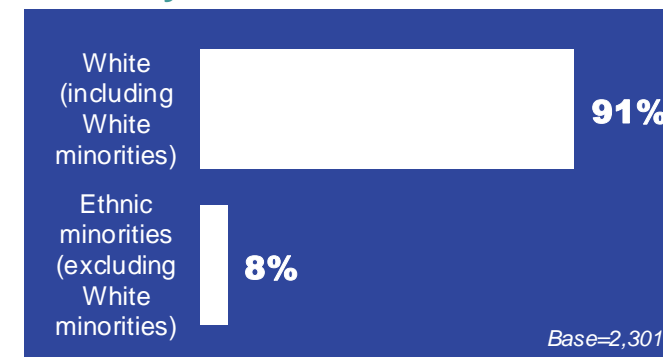
Gender



Age



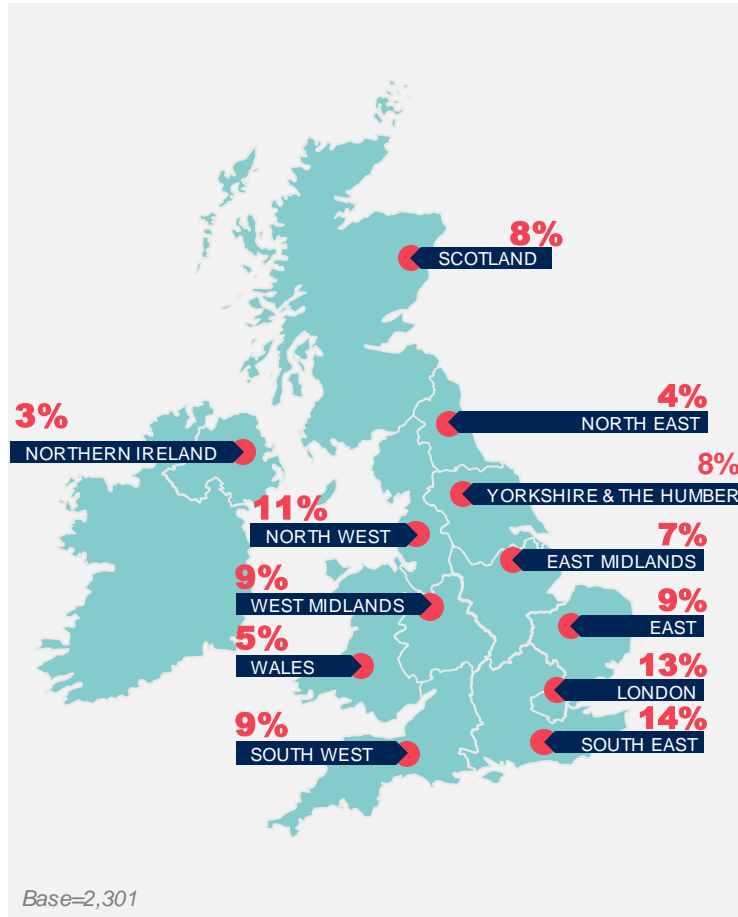
Ethnicity



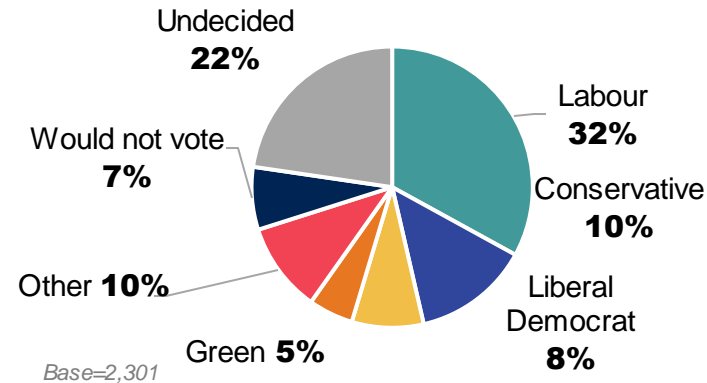
Demographics (weighted)



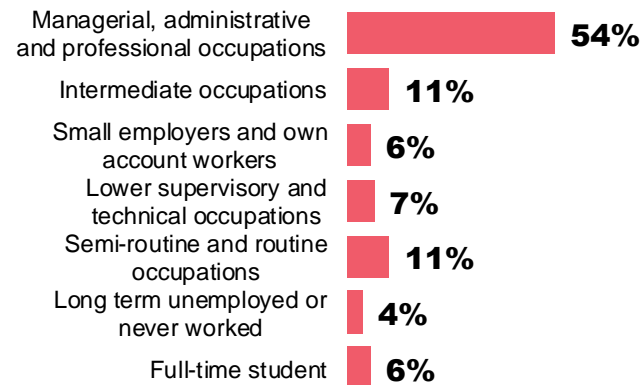
Region



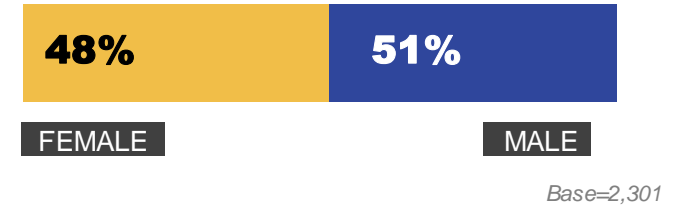
Voting intention



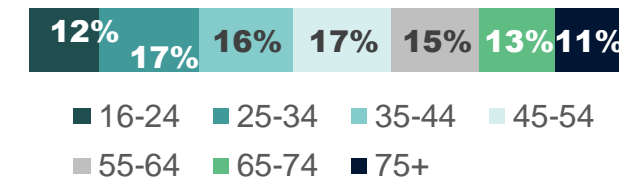
Social Economic Classification



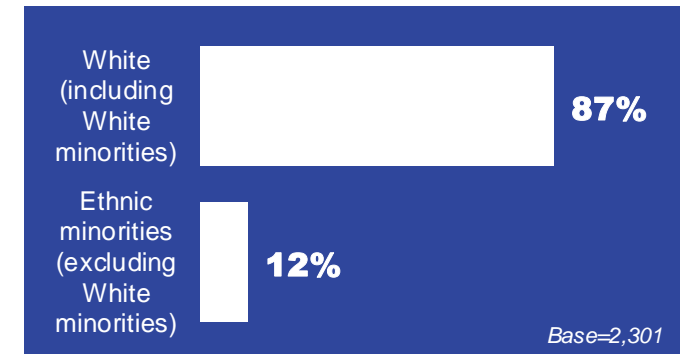
Gender



Age



Ethnicity



Ipsos Standards & Accreditations

Ipsos's standards & accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Moreover, our focus on quality and continuous improvement means we have embedded a 'right first time' approach throughout our organisation.



ISO 20252 – is the international market research specific standard that supersedes BS 7911 / MRQSA & incorporates IQCS (Interviewer Quality Control Scheme); it covers the 5 stages of a Market Research project. Ipsos UK was the first company in the world to gain this accreditation.



MRS Company Partnership – By being an MRS Company Partner, Ipsos UK endorse and support the core MRS brand values of professionalism, research excellence and business effectiveness, and commit to comply with the MRS Code of Conduct throughout the organisation & we were the first company to sign our organisation up to the requirements & self regulation of the MRS Code; more than 350 companies have followed our lead.



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.



ISO 27001 – International standard for information security designed to ensure the selection of adequate and proportionate security controls. Ipsos UK was the first research company in the UK to be awarded this in August 2008.



The UK General Data Protection Regulation (UK GDPR) & the UK Data Protection Act 2018 (DPA) – Ipsos UK is required to comply with the UK General Data Protection Regulation and the UK Data Protection Act; it covers the processing of personal data and the protection of privacy.



HMG Cyber Essentials – A government backed and key deliverable of the UK's National Cyber Security Programme. Ipsos UK was assessment validated for certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.



Fair Data – Ipsos UK is signed up as a 'Fair Data' Company by agreeing to adhere to ten core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation.

This work was carried out in accordance with the requirements of the international quality standard for market research, ISO 20252 and with the Ipsos UK Terms and Conditions

Thank you.

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