

The public's views on the future of the NHS in England

Findings from deliberative research and polling with the public and what it means for the next government

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Acknowledgements

The authors would like to thank colleagues at the Health Foundation and Ipsos for their work on designing and delivering the deliberative research, including Hugh Alderwick, Lucinda Allen, Anna Beckett, Jake Beech, Hanan Burale, Naomi Day, Kate Dun-Campbell, Leo Ewbank, Joe Hewton, Justine Karpusheff, Lucy Nicholls, Anna Quigley, Stephen Rocks, Joanna Scott, Riley Thorold, Rebecca Writer-Davies, and all of those who facilitated, presented and supported at the workshops. We would also like to thank colleagues at Ipsos for their work on the survey and data, including Robyn Aldous, Holly Brown, Spencer Rutherford and the KnowledgePanel team. Many thanks to Megan Price, Patrick South and Ruth Thorlby for their guidance and comments on earlier drafts of this report. Errors and omissions remain the responsibility of the authors alone.

When referencing this publication please use the following URL: <https://doi.org/10.37829/HF-2024-P01>

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Key points

- A general election is approaching and the NHS will be at the heart of the debate. The next government will need to address fundamental questions about the future of the NHS in England, grounded in an understanding of what the public wants and expects.
- This briefing summarises the findings from deliberative research with the public in England, alongside the findings from our latest public polling, both conducted by Ipsos in Autumn 2023. It identifies implications for the government that will shape the policy agenda for the NHS in England after the upcoming election.
- The public is dissatisfied with how the NHS is currently working and is concerned about its future, but maintains a deep appreciation for the health service and strong attachment to its founding principles. A wide range of factors is understood to be causing strain on the NHS and supporting the workforce is a top priority for the public.
- On balance, the public wants primary and community care to be a higher priority for NHS resources than hospital services. While participants in the deliberative research would not accept a decline in access to hospital care for those who need it, there was support for a steady rebalancing of funding over time.
- Participants in the deliberative research mostly supported improving NHS service levels, which they said they would be willing to pay additional taxes to achieve, even when confronted with the illustrative financial consequences for people like them.
- If taxes are to increase, participants wanted the extra revenue to be raised from a combination of taxes – though an additional tax earmarked for the NHS and increasing VAT were generally preferred over raising income tax. Concerns around the cost of living led participants to want assurance that any additional funding would be used effectively and for the burden to be shared across society, including with business and employers.
- Support for the NHS’s founding principles remains solid. Despite high-profile calls to introduce additional patient charges or move to a system of social health insurance, participants overwhelmingly preferred keeping the current NHS funding model over these alternatives.
- Confidence in the government’s policies for the NHS is low. The next government will need to address the lack of public trust in politicians to manage the NHS well. The deliberative research suggests giving the NHS more independence from politics, taking a longer-term perspective in policy decisions and building in more independent scrutiny and public engagement could help.

Introduction

The challenges facing the next government

A general election is looming and once again the NHS will be at the centre of the debate, as well as a top issue for people in deciding how they will vote.¹

Public concern reflects the realities of a low point in the NHS's history. In England, the waiting list for routine care has almost tripled over the past decade.² Staff shortages are persistent. There has been unprecedented strike action across the workforce, with around 1 in every 10 days in 2023 impacted by strikes in the NHS.³ Despite this, the NHS is still what makes people most proud to be British – more than our history, our culture or the royal family.⁴

Politicians must convince voters that they have a credible plan to fix the NHS crisis. But whoever forms the next government will face the bigger challenge of turning pledges into tangible improvements for patients and staff. There will be no quick or easy fixes for the deep-rooted problems. A decade of low spending growth⁵ and a focus on relieving short-term pressures at the expense of long-term investment has left staffing gaps,⁶ crumbling buildings⁷ and outdated equipment.⁸

The next government will need to address fundamental questions about the future of the NHS, grounded in an understanding of what the public wants and would accept. Where should the NHS's limited resources be focused? How much should be invested in the NHS, and how should funding be raised? And – as calls for radical reform have grown louder – should alternatives to the NHS funding model be explored?

Ultimately, the next government's programme for the NHS must gain and, critically, sustain the public's confidence over the years ahead. Our deliberative research explored key issues relating to the future of the NHS with the public to inform the plans of the next government.

About this report

This briefing summarises the findings from deliberative research with the public on the future of the NHS in England undertaken in October and November 2023. The deliberative research findings are presented alongside selected survey results for England from UK-wide polling undertaken in November 2023.

Since 2021, the Health Foundation and Ipsos have delivered a programme of research into public perceptions of health and social care. Every 6 months we survey a representative sample of the UK public to understand changing views of health and care policy and performance. Ahead of a general election, the Health Foundation commissioned Ipsos to undertake deliberative research with the public in England to gain deeper insights into the

public's views on key challenges and options for NHS reform facing a new government. Deliberative methods – where participants are able to explore the evidence and discuss trade-offs – allow us to understand public views on challenging issues where there is no simple answer, but rather a range of possible options, with associated strengths, drawbacks and complexities.

Combining polling and deliberative research provides greater insights into what people think, although it is important to note the differences between the methods and what each tells us about public opinion. The polling provides a snapshot of the public's 'raw' opinion when given little prior information on the options and policies presented to them. The deliberative research, however, conducted over 2-day workshops, allowed participants to consider stimulus material, spend time debating and discussing issues with participants of different backgrounds, and appraise options, to arrive at an informed view.

This report follows the five topic areas covered in the deliberative research:

- perceptions of the NHS and the causes of the current challenges it faces
- where the balance of focus should be between primary and community care, and hospital care
- funding levels for the NHS, and how any additional funding should be raised
- comparing the current NHS funding model to two alternative proposals: introducing extra user charges and moving to a system of social health insurance
- how to build public confidence in government planning for the future of the NHS.

The final section discusses the implications for the next government.

Throughout the report we highlight where there are similarities and differences between the polling and deliberative findings to provide a more complete understanding of the public's views and how these may change when giving a 'raw' or a more informed opinion. Unless stated otherwise, all polling findings reported are for England only to provide more direct comparisons with the findings from the deliberative research.

This report provides a high-level overview of key findings only. The full deliberative research findings can be found in the accompanying Ipsos deliberative report.⁹ The full survey findings for the UK can be found in the accompanying Ipsos survey report.¹⁰

Methodology

Deliberative research

The deliberative research involved 2-day workshops held at three locations across England (King's Lynn, Leeds and London) over October and November 2023.

Quotas were set for recruiting participants to each workshop, based on demographic characteristics such as gender, age, ethnicity, socioeconomic group as well as health care use and needs, and attitudes towards the NHS. In total, 72 people took part in the workshops (24 in each location). In King's Lynn, all 24 participants completed the full 2-day workshop. In both Leeds and London, one participant did not return for the second day, so 23 participants completed the full workshop.

The workshops involved a combination of table discussions, where participants discussed issues at length, and plenary sessions, where participants listened to expert presentations summarising relevant evidence and were able to ask questions. All table and plenary discussions were facilitated by Ipsos, with presentations delivered by Health Foundation staff. Materials for the workshops were developed by Ipsos and the Health Foundation, drawing largely on Health Foundation analysis, official statistics and the wider evidence base. The participant packs are published as part of the full research report.

Deliberative research is designed to explore different perspectives and understand the factors that shape people's views, with findings presented thematically rather than quantified – as opposed to quantitative surveys, which are designed to provide statistically reliable data about what the public thinks overall. In this briefing, when referring to the deliberative research we use 'many', 'most', 'generally' or 'commonly' when views were more frequently expressed and 'a few' or 'a small number' to reflect views that were mentioned less frequently. 'Some' reflects views that were mentioned occasionally.

Participants sometimes expressed views at odds with the evidence. These views remain valid, since they are perceptions that the participants held, and understanding them helps to inform knowledge about public views of the NHS.

We have included verbatim quotes from workshop participants – these have been selected to illustrate different perspectives on topics, expressed at a point in time, and should not be interpreted as defining the views of all participants.

At the outset of the workshops, participants were reminded of the essential relationships between the NHS, local government and adult social care. However, this research was focused on the NHS to make the workshops manageable. Earlier research has explored public attitudes to social care funding reform.¹¹

Full details about the deliberative research methodology are provided in the accompanying Ipsos report.⁹

Public polling

Our most recent survey was conducted between 23 and 29 November 2023 with 2,301 people across the UK using Ipsos' UK KnowledgePanel. The KnowledgePanel has more than 29,000 panellists who are recruited using random probability address-based sampling, the gold standard in survey research. This means that every household in the UK has a known chance of being selected to join the panel. Invited members of the public who are digitally excluded can register to the KnowledgePanel by post or by telephone, and are given a tablet, an email address and internet access, allowing them to complete the online survey.

The survey findings are based on people living in England only, rather than the full UK sample. Our most recent survey included 1,774 people living in England.

The sample was stratified by nation and education and delivered a response rate of 54%. A weighting spec was applied to the data in line with the target sample profile. This included one that corrected for unequal probabilities of selection of household members (to account for two members who may have been selected from one household), and weights for region; an interlocked variable of gender by age, education, ethnicity and index of multiple deprivation (quintiles); and number of adults in the household.

Where we highlight differences between different subgroups of respondents these are statistically significant at the 95% confidence level. When relevant, we refer to results from our previous surveys, run from November 2021 onwards. Full details about the survey methodology are provided in the accompanying Ipsos report.¹⁰

Findings

Underfunding and government policymaking are seen as the main factors causing pressure on the NHS

This section covers the public's perceptions of the NHS and the causes of the current challenges it faces.

Our latest survey found tentative signs of improvement in the public's views of NHS care, although people remain mostly negative overall.

In the deliberative research, participants were dissatisfied with how the NHS is currently working and concerned about its future, but maintained a deep appreciation for the health service and strong attachment to its founding principles. A wide range of factors is understood to be causing strain on the NHS and supporting the workforce is a top priority.

The public has significant and growing concerns about the state of the NHS. Satisfaction with the NHS has hit a 41-year low.¹² Since 2021, our 6-monthly surveys have consistently found that more than half of the public think that NHS services have got worse over the past 12 months, and since December 2022 more than half expect services to get worse over the next 12 months.¹³ Our deliberative research set out to gain insight into the public's views of the state of the NHS, its challenges and the causes of those challenges.

Views on the state of NHS services

Our latest survey in November 2023 found tentative signs of improvement in the public's views of the NHS, although people remain mostly negative overall. 8% of the English public think the general standard of NHS care improved over the past 12 months (up from 5% in May 2023),⁴ while 53% think standards declined (down from 65% in May 2023). Looking ahead, 12% expect the general standard of care to improve over the next 12 months, but 54% expect standards will decline (no change from May 2023).

People remain split on the quality of service provided by the NHS. While there have been slight improvements compared to 6 months ago, views remain negative by historical standards. 45% think their local NHS is providing them with a good service (up from 39% in May 2023), while 33% disagree. 34% agree the NHS is providing a good service nationally (no change from May 2023) but 46% disagree (compared with 42% in May 2023).

At the very start of the deliberative workshops, we explored participants' initial perceptions of the health service before they were given any information. Many expressed a deep appreciation for the NHS, often related to its founding principles as a service available to all and largely free at point of use.

‘Consistent, I’d say it’s a positive thing. It’s always there and hasn’t changed in the sense it’s consistently free and there, you don’t need to worry if a hospital is open.’

Deliberative research participant, London

However, participants also voiced frustration with the state of the health service and concern about its future. Understaffing, poor morale among staff, problems accessing appointments and long waits for treatment, the shift towards online services, and variation in the quality of care were all talked about at the beginning of the events. Overall, participants often concluded – consistent with our recent surveys – that the NHS is in a state of decline.

Views on the causes of the NHS’s challenges

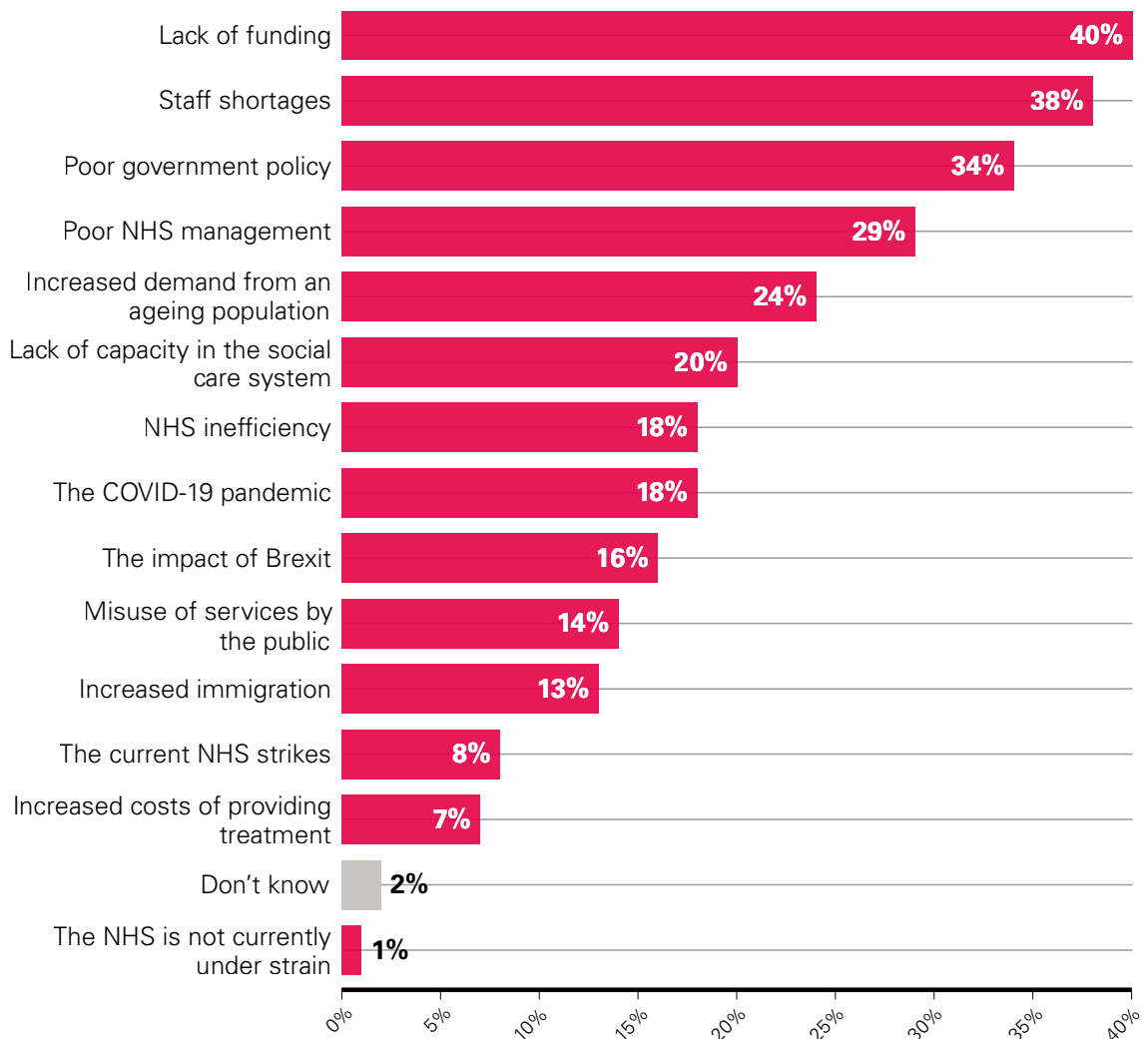
In our May 2023 survey,⁴ the public cited a lack of funding (40%), staff shortages (38%) and poor government policy (34%) as the main reasons for pressures on the health service (Figure 1, page 11). Overall, the public saw a wide range of different causes as contributing to the strain on the NHS with notable differences by voting intention. For instance, those intending to vote Labour considered a lack of funding as the main cause of strain on services (58%), followed by poor government policies (53%) and staff shortages (41%). People intending to vote Conservative saw poor NHS management as the main cause of strain (42%), followed by increased demand from an ageing population (37%). Only 13% of those voting Conservative considered a lack of funding as a cause of the strain on NHS services.

The workshops first explored participants’ own views on the causes of the strain on the NHS. Participants then heard a presentation on the projected growth in demand for NHS services, driven by a growing and ageing population expected to be living with more major illnesses, and projections of the estimated resources (funding and workforce) needed by 2030 to meet the increasing demand.¹⁴

Before receiving any stimulus, participants identified a lack of funding as a leading cause of the problems facing the NHS – in line with the May 2023 survey. Following the presentation, discussions focused on the below-average funding growth in the decade before the pandemic, the instability of funding growth over time and the spending plan announced in the 2023 Autumn Statement. Many expressed anger towards the various governments that have been in power since 2010 for ‘underfunding’ the health service. Anger remained even when participants were reminded that the NHS budget has consistently grown – and is planned to continue to grow – in real terms. Participants also spontaneously raised concerns about perceived financial mismanagement of NHS money, and even outright corruption, with the procurement of personal protective equipment (PPE) at the outset of the pandemic often cited as an example. ‘Waste’ was an issue participants returned to throughout the workshops.

Figure 1: People are split on what is causing strains on services

There have been many reports in the media recently about the strain that NHS services are under. Which of the following, if any, do you think are the main causes of this?



Source: Ipsos survey commissioned by the Health Foundation, 2023

Base: Respondents from England only (1,878), interviewed 5–10 May 2023 via UK KnowledgePanel

Perceptions of underfunding also fed into concerns about the pressures on NHS staff. In our surveys, the workforce regularly features among people’s top priorities for the NHS. Workshop participants also identified understaffing as a major issue before any stimulus was provided and was seen to be negatively impacting on patient care. Nevertheless, after hearing the presentation detailing projected staff shortages, participants were alarmed and had strong views on the root causes. Wage stagnation, poor working conditions and reductions in financial support provided during training were perceived to be the main reasons for the NHS struggling to attract and retain staff, which were in turn seen as the consequences of underinvestment. Brexit was also mentioned as a factor seen to be a barrier to recruiting staff.

An ageing population was identified as another cause of the pressures on the health service. Before receiving any stimulus, participants raised concerns about whether the NHS has adequate resources to meet the increasing needs of the ageing population and whether the service could be sustained in the face of demographic changes. After being given information about projected future patterns of illness, participants were critical of the government for a perceived lack of long-term planning to ensure the NHS could meet these changing needs.

The current government was seen as having contributed to the NHS's problems, although participants were also critical of the coalition and Labour governments and politicians generally. The issue of poor government decision making was raised early and unprompted, suggesting pre-existing frustration with and general distrust of government. This became more pronounced in response to the information presented and remained a theme throughout the workshops.

‘My conclusion is the NHS’s growth in progress is stunted by governments going for quick wins. If they were allowed to follow long-term plans, they wouldn’t be in the mess they are in.’

Deliberative research participant, London

Some participants touched on the impact of the Covid-19 pandemic. The pandemic was seen to have added to the strain on the NHS, but was often felt to have exacerbated pre-existing issues. Participants talked about hospitals being pushed beyond capacity, with the resulting burden on NHS staff seen as contributing to them subsequently taking industrial action.

Participants understood that multiple factors have contributed to the current state of the NHS. Nevertheless, they were still shocked when presented with evidence on the extent of the challenges and for many, the concerns they brought into the deliberative workshops deepened. Participants welcomed being presented with more information and expressed a desire for greater clarity from government about the state of the health service.

If the NHS budget is not increased, the public favours a focus on primary and community care over hospital care

This section covers where the public thinks the balance of focus should be between primary and community care, and hospital care.

When surveyed, the public leans towards prioritising making it easier to access community-based services over care in hospitals.

In the deliberative research, participants also, on balance, wanted primary and community care to be a higher priority for NHS resources than hospital services. While participants would not accept a decline in access to hospital care for those who need it, there was support for a steady rebalancing of funding over time to support a more preventative approach.

With limited resources, policymakers face a choice about how to allocate resources between improving hospital care, and primary and community care.

Before the pandemic, hospital care accounted for a growing proportion of NHS resources. Spending on hospital services increased as a proportion of total NHS expenditure, while the proportion spent on primary care and community health services fell.¹⁵ While the number of doctors working in hospitals and community health increased substantially, the number of fully qualified GPs has fallen.¹⁶ However, with the number of people living with major illnesses projected to grow substantially,¹⁷ the case for investing in primary and community services – where many people’s conditions are best managed – will only grow stronger. The deliberative workshops explored participants’ views on the trade-off between focusing on hospital care, and primary and community care.

Views on the focus between hospital care vs primary and community care

When surveyed, the public leans towards prioritising easier access to community-based services (60%) over care in hospitals (29%) (Figure 2, page 14). Women (64%), people aged 55–64 years (68%) and people living in rural areas (65%), are more likely to prioritise community-based services, whereas people aged 16–24 (41%), people who are from an ethnic minority background (38%) and people living in urban areas (31%) are more likely to prioritise hospital care.

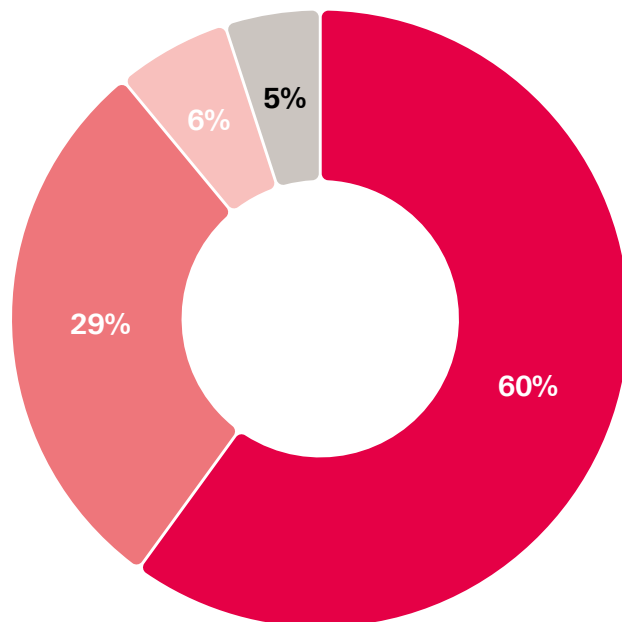
The workshops explored participants’ views on the trade-off between hospital care versus primary and community care after they heard a presentation on the scope of these services, and it was explained that the focus has historically been on hospital services.

To illustrate how changing the focus could affect how people access the NHS, participants were then asked to discuss six approaches to improving services before making a final judgement of where the focus should be. The approaches discussed for primary and community care were: increasing continuity of care in general practice, scaling up extended teams in general practice and scaling up urgent community response services. Approaches for hospital care were: expanding same-day emergency care, scaling up virtual wards and expanding elective surgical hubs.

Figure 2: If the NHS budget is not increased, the public leans towards making it easier to access community-based services than 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



Source: Ipsos survey commissioned by the Health Foundation, Nov 2023

Base: Respondents from England only (1,774), interviewed 23–29 November 2023 via UK KnowledgePanel

Participants understood that NHS resources are limited and prioritisation is necessary. Most participants, in each location, initially favoured placing greater focus on primary and community care, in line with the polling findings. However, participants were divided over how far to place the focus towards primary and community care, with some thinking it should be slightly focused on these services and others thinking it should be focused on them to a great extent. A few participants in each workshop felt strongly that hospital care should take priority. While there was broad consensus that the focus should shift towards primary and community services, participants found the decision challenging.

‘It [the trade-off] is staggeringly difficult. You’re trying to consider everything, be fair to everyone, but it’s impossible. It’s far harder than I ever imagined.’

Deliberative research participant, King’s Lynn

The main reason participants gave for favouring primary and community services was the importance of focusing on the prevention of ill health. Effective primary and community services were understood to support earlier diagnosis and condition management, preventing the need for hospital care and reducing demand for hospital services over the longer term. Conversely, participants suggested that when people struggle to access to primary and community services (as many are currently) they may be more likely to attend hospital unnecessarily or to have their discharge delayed.

“GPs now are more inclined to be directing [people] towards hospital, because the resources for primary [care] are not there. If there was more funding, people wouldn’t be getting told to get to A&E.”

Deliberative research participant, Leeds

Some felt that enabling a quicker pathway from diagnosis to starting treatment would need greater investment in primary care. However, others questioned the value of diagnosing people more quickly in the community only to be met by long waiting lists where further tests or treatments in hospitals was required. Participants often recognised that the NHS works as a system and that changes in one part of the NHS might impact elsewhere.

Overall, many wanted the focus to be where it was most needed and – in most cases – this was felt to be in primary and community care. However, this did not necessarily mean that they would accept a decline in the quality of or access to hospital care for those who needed it – rather that a readjustment should take place over time, and ultimately reduce demand so that existing hospital provision would be sufficient.

The few who favoured a focus on hospital care throughout held this view because they felt this was where the people with the most serious and urgent needs were treated. Some also felt uncomfortable with increasing funding for primary care as they believed that GPs were overpaid, though this view was not widespread.

In participants’ final judgement at the end of deliberations, most continued to favour a greater focus on primary and community care than at present. However more stressed the need to ensure a continued focus on hospital care alongside this. They increasingly reflected that while it was important to invest in out-of-hospital services for long-term benefit, immediate measures are also required to address the hospital waiting list.

“I think the 8 million backlog needs to get tackled as a priority. It is only going to go up.”

Deliberative research participant, London

The public is generally willing to pay more tax if this means improving services

This section covers the public's views on funding levels for the NHS, and how additional funding should be raised.

In our survey, around half of the public would prefer to see an increase in taxes to maintain the level of spending needed to keep the current level of care and services provided by the NHS.

Participants in the deliberative research mostly supported improving NHS service levels, which they would be willing to pay additional taxes to achieve, even after being confronted with the illustrative financial consequences for people like them.

If taxes are to increase, participants wanted the extra revenue to be raised from a combination of taxes – though an additional tax earmarked for the NHS and increasing VAT were generally preferred over raising income tax.

In surveys, the public tends to indicate that it thinks the NHS is underfunded¹² and that it would support an increase in funding.⁴ However, it is less clear how the public thinks any increased funding should be raised. In our May 2023 survey, the options with the most public support were an additional tax earmarked specifically for the NHS (30%), increasing National Insurance (22%) and increasing income tax (21%), but no option commanded an overall majority.⁴

In the deliberative research participants were shown an illustration of what an increase in funding through taxation could mean for people with different incomes, in terms of how much additional tax they would pay in 5 years' time if taxes were raised to meet projected funding needs (adapted from 2018 analysis).¹⁸ With this information, participants explored the trade-off between the level of investment to put into the NHS through increased tax and the level of service that it could deliver in return. We then explored participants' preferences for different tax options for raising additional revenue.

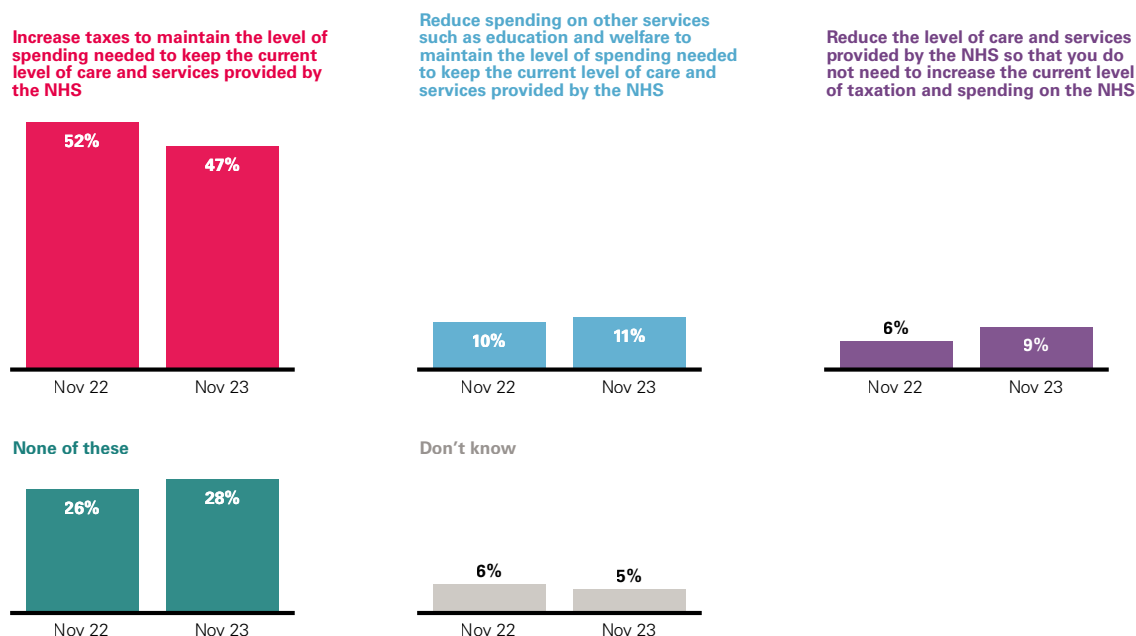
Views on increasing taxes to improve NHS services

In our surveys, around half of the public (47%) would prefer to see an increase in taxes to maintain the level of spending needed to keep the current level of care and services provided by the NHS – a slight decrease from 52% in November 2022 (Figure 3, page 17). This compares to 11% who would prefer to reduce spending on other services to keep the current levels of care and services in the NHS and 9% who would reduce the level of care and services provided by the NHS to avoid increasing tax and spending. 28% do not like any of these options.

People intending to vote Labour (63%) and Liberal Democrat (61%) are more in favour of increasing taxes to maintain NHS services than those intending to vote Conservative (41%). Differences by voting intention have widened since November 2022.¹⁹ Support for increasing taxes has remained stable among those voting Labour and Liberal Democrat at around 60%, while support for raising taxes has dropped among those intending to vote Conservative (from 50% in November 2022), with more now in favour of reducing the level of care and services provided by the NHS (up from 9% in November 2022 to 18% in November 2023).

Figure 3: Around half support increasing taxes to maintain the current level of NHS care

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. Which, if any, of the following would you most like to see?



Source: Ipsos survey commissioned by the Health Foundation, Nov 2023

Base: Respondents from England only (1,632), 24–30 November 2022; respondents from England only (1,774), 23–29 November 2023. All conducted online via UK KnowledgePanel

Views on the trade-off between the level of funding for the NHS and the level of service it can deliver were explored in the workshops. After a presentation on UK health spending in comparison to other countries, participants were presented with three possible scenarios for NHS performance based on the 2021 funding projections by the REAL Centre,²⁰ each requiring a different level of funding:

- a scenario with no additional funding
- a ‘stabilisation’ scenario, with the NHS returning to 2019 levels of performance, requiring an additional £51bn through increased taxes, costing on average an extra £1,800 tax per household per year by 2030/31
- a ‘recovery’ scenario, with services recovering to higher levels of performance than 2019, requiring an additional £61bn through increased taxes, costing on average an extra £2,200 tax per household per year by 2030/31.

Overall, most participants were supportive of a scenario where people would pay more tax to see improvements in the level of service the NHS provides. Only a small number were not willing to increase taxes. Participants felt that current levels of service were unacceptable and recognised that to see improvements – or even to prevent further decline – would require investment. However, from the outset and throughout discussions, participants were also very concerned about the additional financial burden raising taxes would place on individuals and families during a cost-of-living crisis.

‘Everyone is struggling to pay their bills as it is. People can’t even afford electricity bills. You can’t make them pay more tax.’

Deliberative research participant, London

Those who said they were willing to raise taxes most commonly opted for the ‘recovery’ scenario (with greater performance improvements but requiring higher tax rises) over ‘stabilisation’ (smaller improvements and lower tax rises). Some considered the financial impact on households to be similar in both cases, but the ‘recovery’ scenario was seen as a longer-term approach to securing the NHS’s future, whereas pursuing ‘stabilisation’ could lead to NHS decline again in the near term. Investing in the NHS now, so it is able to meet the needs of future generations, was one argument given for choosing a recovery scenario.

‘I came in thinking about me, but now I’m thinking about my kids, they are the ones who will be here in 20, 30 years, even their kids. You won’t change anything tomorrow, the damage is done.’

Deliberative research participant, King’s Lynn

As discussions progressed, participants tended to move towards supporting further funding, and therefore tax increases, from their original positions. Some who were originally against increasing funding at all moved towards ‘stabilisation’ as a first step towards improving the NHS. Some who initially supported ‘stabilisation’ moved further towards ‘recovery’. However, there remained a small number of participants who were clear throughout that the NHS should not receive additional funding via tax increases, because the financial burden on households was too high.

There was concern about whether the additional funding would be spent effectively, even among those willing to increase taxes. There were perceptions of the NHS as a ‘leaky bucket’ where additional money put in did not necessarily result in better outcomes. Many also strongly thought that ‘waste’ in the NHS needed to be addressed. Participants conceptualised waste in different ways, citing examples of problems caused by poor communication or other administrative failings, delays caused by poor quality equipment, difficulties in retaining highly trained staff, inappropriate use of supplies and discarding equipment that could be reused. Some examples were based on common misconceptions, such as the NHS having too many managers.²¹

Participants wanted to be certain that extra funding would definitely lead to better services before agreeing to tax rises. Factors that would increase their willingness to pay more tax included more transparency over spending, increased accountability for outcomes, and

evidence of the government having long-term plans in place. Participants also talked about the importance of seeing tangible improvements in performance in the short term, such as reductions in waiting lists.

‘Are services going to be guaranteed? [...] Things have to be set in stone, if I’m paying more for something, I want it to be there when I need it.’

Deliberative research participant, Leeds

Views on options for raising additional revenue for the NHS

Participants were then asked to deliberate three options for increasing tax to raise additional funding for the NHS, adapted from 2018 work on funding options:¹⁸

- increasing all rates of income tax
- introducing a new tax earmarked for the NHS – modelled on the abolished Health and Social Care Levy, where increased rates of National Insurance were notionally ring-fenced to fund additional spending
- increasing the main rate of VAT.

These options were given as they have the greatest potential to raise large amounts of revenue. Participants were presented with the arguments for and against each option, and illustrative estimated projections of what the increases in these taxes would mean for costs to individuals and households.

Participants generally preferred introducing an earmarked tax and an increase in VAT over an increase in income tax. The earmarked tax was favoured because this was perceived as a transparent option. Participants could see a clear link between the additional tax and increased spending on the NHS, which they felt could in turn provide greater accountability for how the money was spent. Participants were also in favour of the burden being spread between employers and employees to reduce the impact on working people.

Participants were more split when discussing an increase in VAT. Those in favour believed it was fair that everyone would pay, including those not in employment. The fact that people could exercise a degree of choice over the impact of an increase in VAT by adapting their spending was seen as another benefit. Those against were particularly concerned about the impact on poorer households. There were also concerns around the potential impact of VAT increases on businesses and the economy more broadly if this led to a reduction in household spending.

When considering an increase in income tax rates, most participants were not convinced this was fair way to raise revenue. This was largely because of a perception that the burden would disproportionately fall on the working-age population, and that the cost to those

individuals would therefore be larger, with no additional contributions from employers. Those who supported this option valued that it would be relatively easy to implement and would be progressive and therefore fairer, with people paying more if they earn more.

Overall, participants identified significant downsides to all the options presented, which led them to lean towards preferring a combination of proposed approaches to mitigate some of the disadvantages mentioned. In any case, participants generally remained distrustful of government and whether additional revenue from tax would be spent on the NHS as promised.

‘I think it should be a mix. I don’t think it’s fair income tax falls on employees only. If employees are contributing towards the company and making a decent profit it should be split.’

Deliberative research participant, London

Throughout discussions, some participants did not want to be constrained by the three tax options presented to them. They suggested other options for raising funding through tax, including increasing corporation tax and increasing ‘sin taxes’ on products that are harmful to health.

The public supports the current NHS model and its founding principles over alternatives

This section covers the public's views on the best funding model for the NHS, comparing the current model to two alternative proposals: introducing extra user charges and moving to a system of social health insurance.

In our survey, support for the NHS's founding principles – free at the point of delivery, universal and tax funded – remains strong. Although the public thinks the principles should still apply, it is less likely to think they will continue to apply in 5 years' time.

In the deliberative research, participants overwhelmingly preferred sticking with the current NHS funding model over the alternatives.

Calls for fundamental reform to the NHS have grown louder in recent years, with a particular focus on changing how health care is funded. Some have suggested introducing additional charges for patients attending GP appointments and A&E.²² Others have suggested abandoning the tax-funded model completely and moving to a social health insurance system.²³ There is strong public support for the NHS's core principles (free at the point of delivery, universal and tax funded),¹² but far less is known about what the public thinks about these alternatives. The deliberative research explored whether the public thinks these alternative models hold promise for the future of the NHS, compared to the current NHS model.

Implementing either model (additional charges or a social health insurance system) would be complex and have wide-ranging implications for the health service and how it is accessed. To support participants to arrive at a considered and informed view, they were presented with information on the current NHS model and its strengths and drawbacks. Information was then provided on the two alternative models, including an overview of the different ways these models can work, a summary of the trade-offs involved in implementing them and examples from countries where comparable models are used.

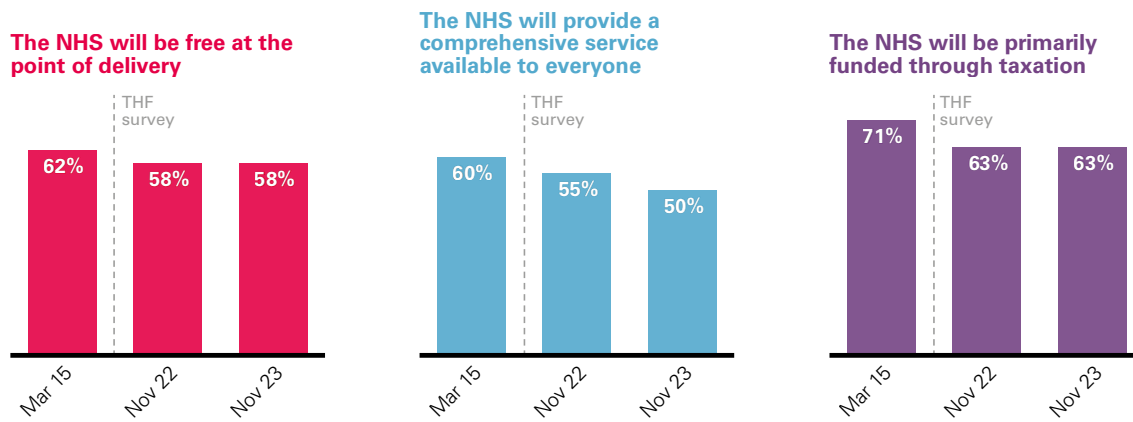
Views on the current NHS model

In our latest survey in November 2023, 88% of the public agrees the NHS should be free at the point of delivery, 84% agrees the NHS should provide a comprehensive service available to everyone and 83% agrees that the NHS should be primarily funded through taxation. Views have remained broadly stable since November 2022, although fewer people now think the NHS should provide a comprehensive service available to everyone (down 6 percentage points from 90% in November 2022).

Although most of the public support the NHS's core principles, they are less likely to think they will still apply in 5 years' time (Figure 4, page 22). Around 3 in 5 think the NHS will remain primarily funded through taxation (63%) and free at point of delivery (58%). Half think it will continue to provide a comprehensive service that is available to everyone (50%).

Figure 4: The public is least likely to agree the NHS will provide a comprehensive service available to everyone in 5 years' time

And thinking about the NHS in 5 years' time, to what extent do you agree or disagree with the following statements?



Source: Ipsos survey commissioned by the Health Foundation, Nov 2023

Bases: Respondents from England only (1,448), 13–29 March 2015 conducted via face-to-face interviews; respondents from England only (1,632), 24–30 November 2022 conducted online via UK KnowledgePanel; respondents from England only (1,774), 23–29 November 2023 conducted online via UK KnowledgePanel

The survey findings were broadly echoed in the workshop discussions. Throughout, participants showed strong support for the NHS’s founding principles, but also shared concerns about the future viability of the NHS model in the face of major challenges, such as demographic change.

Views on the current model with additional user charges

Participants were generally opposed to introducing additional user charges, with concerns about the potential impact for people’s health and increasing health inequalities. It was felt that people may delay seeking health care to avoid paying the charges, and that this could lead to greater ill health and, ultimately, higher costs for the NHS. People on lower incomes were seen as being disproportionately affected, as the group who are less able to afford to pay additional charges but more likely to experience poor health and to be more frequent users of health services. To prevent health inequalities from widening, participants broadly supported having exemptions from charges for specific groups, but also recognised that this would then limit how much additional revenue the charges would raise for the NHS.

‘It’s creating divides. You create this divide where the rich can get all the health care you need but when you’re poor you’re just unhealthy because you can’t afford it.’

Deliberative research participant, Leeds

Some participants saw a benefit to introducing extra charges because of the potential to reduce inappropriate use of the health service and alleviate pressure on the NHS. Participants thought that if patients were charged to use services, they would be more likely to only access services when they need to and would be less likely to miss appointments. Overall, however, for most this model felt like too far a break from the NHS's founding principle of care being free at point of use, which made them uncomfortable.

Views on introducing a social health insurance system

Participants were split when discussing the idea of introducing a social health insurance system. To illustrate the different approaches that could be taken, participants were presented with an overview of how social health insurance operates in France and the Netherlands – as examples of single fund/low choice and multiple fund/high choice systems.

The main concerns participants raised were around the complexity of the model. In particular, the prospect of having to choose between multiple policies and insurers (as in the Netherlands) was seen as presenting some individuals with a potentially daunting and complex choice. Participants were also concerned about the risk of not being covered in the event of an unexpected health problem. Hearing that some social health insurance systems allow profit-making companies to be involved in providing coverage was another concern. Overall, if this system were introduced, participants wanted safeguards to be put in place to maintain universal access to health care, regardless of people's ability to pay.

Participants identified some potential benefits of a social health insurance system. A minority saw the prospect of having more choice over their care to be an advantage (for example between different insurance policies, types of coverage and providers). The potential for having greater independence of health care from government was seen as another benefit, even though participants were informed that many social health insurance systems are increasingly reliant on tax revenues.²⁴ Greater independence, according to participants, could lead to more consistent funding that would enable better long-term planning.

‘The only tiny advantage I can see [is] that it is independent from government control. It doesn't change with an election or whatever.’

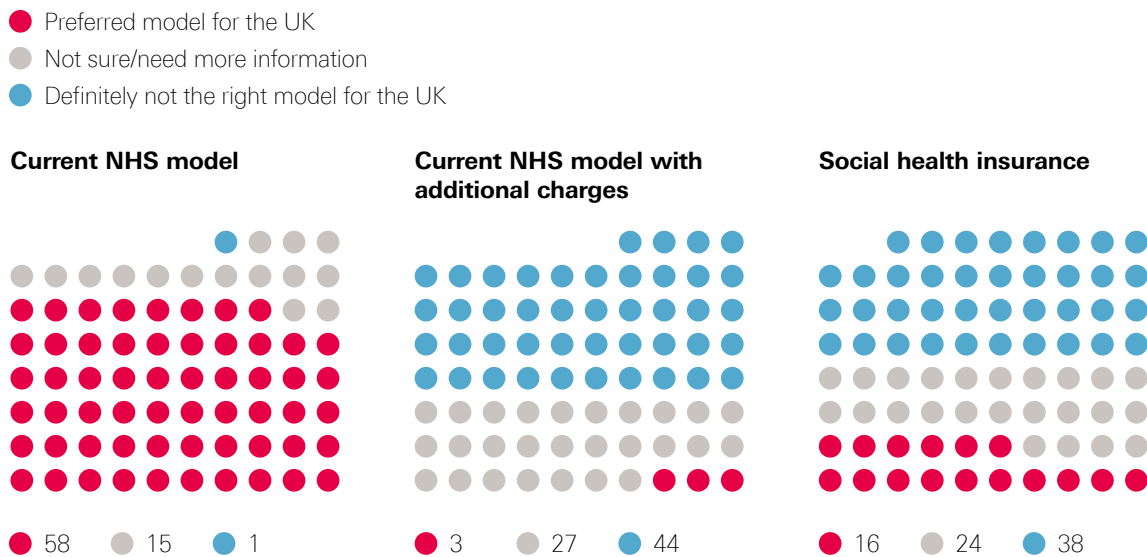
Deliberative research participant, King's Lynn

Views on their most and least preferred funding model

After discussing the current funding model for the NHS and the two alternative models in detail, participants were asked to vote on their preferred model for the UK using coloured dots (Figure 5). They did not have to put a dot on every model, but could put multiple dots on a model if they felt strongly about it.

Participants overwhelmingly favoured the current NHS model over the two alternatives. The current model received 58 votes for being the preferred model and just one participant selected it as definitely not the right model for the UK. The current model with additional user charges was the least preferred model, with 44 votes indicating it is definitely not the right model for the UK. Participants were more divided over a social health insurance model. There were 16 votes for this being the preferred model, compared to 38 for it definitely not being the right model for the UK.

Figure 5: Workshop participant votes on their preferred model for the NHS



Long-term planning could build public confidence in plans for the NHS

This section covers views on how to build public confidence in government planning for the future of the NHS.

In our survey, just 9% think the government has the right policies for the NHS, while 69% disagree.

Many deliberative research participants expressed a lack of trust in politicians to manage the NHS well. The deliberative research suggests giving the NHS more independence from politics and taking a longer-term perspective in policy decisions with more independent scrutiny and public engagement could help.

Confidence in government policies for the NHS has remained below 13% since we started tracking this question quantitatively in 2021. However, when Ipsos asked the same question in an earlier series of surveys between 2003 and 2016, the public had more moderate levels of confidence in the government's plans (though findings are not directly comparable due to a change in methodology).²⁵ For example, 37% agreed that government had the right policies in 2008 and 2009. This suggests the current low levels of public confidence are not inevitable. The deliberative research set out to understand how the next government could increase confidence in its plans for the NHS's future.

Views on confidence in the government's plans

Just 9% of the public thinks the government has the right policies for the NHS, while 69% disagrees. Confidence in government policies varies widely across the political spectrum. While 28% of those intending to vote Conservative think the government has the right policies for the NHS, only 5% of those intending to vote Labour and less than 0.5% of those intending to vote Liberal Democrat agree (Figure 6, page 26).

From the outset of workshop discussions and throughout, it was clear that – consistent with the survey findings – many participants lacked confidence in the government's plans for the NHS. There was frequent criticism of how the NHS had been managed by previous and current governments. The deterioration in access to and quality of care was seen as the consequence of poor planning.

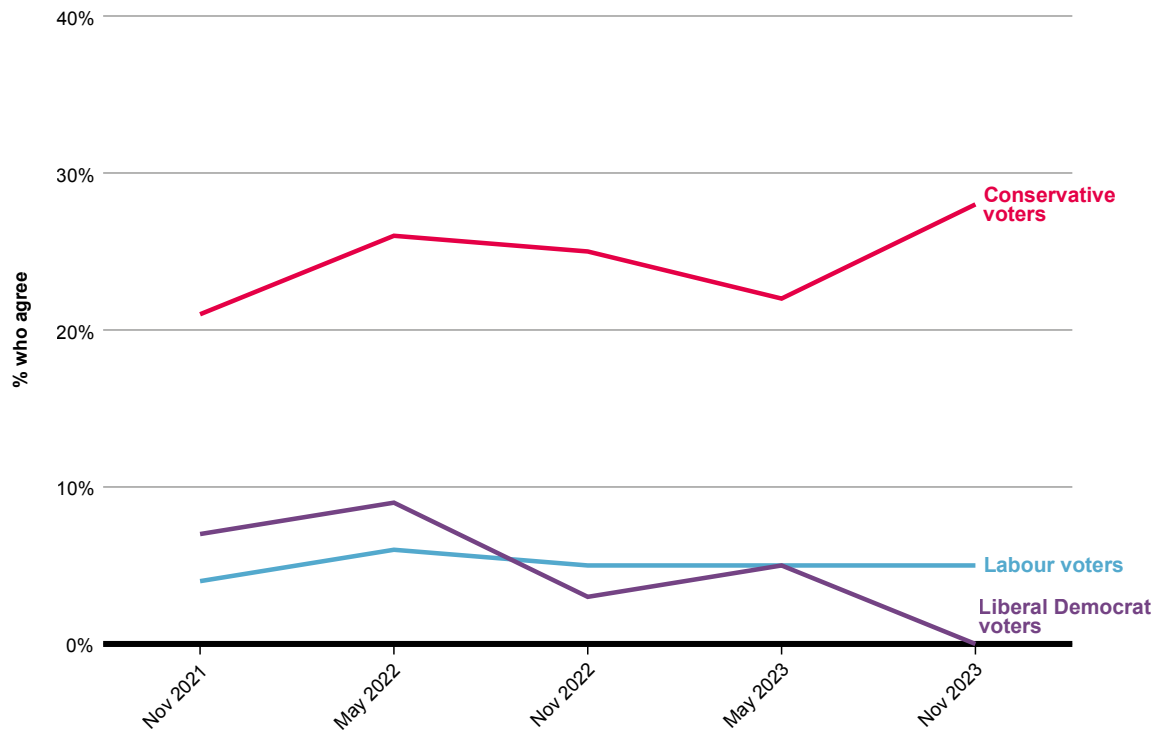
‘What hurts my confidence is that things are visibly getting worse than it was years ago. There's more striking, I'm not getting appointments that are crucial, I'm not being able to get my medication, these are things that impact on me.’

Deliberative research participant, Leeds

Participants often focused on inadequate funding for the NHS and mismanagement of budgets as examples of how planning had been poor. Underfunding was seen to lie at the root of many of the major challenges facing the NHS, including the workforce crisis

Figure 6: Confidence in government policies for the NHS remains low, with Labour and Liberal Democrat voters particularly pessimistic

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



Source: Ipsos survey commissioned by the Health Foundation, Nov 2023

Base: Respondents from England only (1,600–1,800 for each survey), interviewed 23–29 November 2023 via UK KnowledgePanel

and outdated buildings and equipment. There was a lack of faith that current plans were sufficient to improve standards of care and to prepare the health service to meet future challenges such as the demands of the ageing population.

There was a strong view throughout the workshops that there was too much political influence over the NHS, which significantly contributed to low confidence. A lack of trust in politicians was widespread, with a common perception that decisions over the NHS were often politically motivated rather than evidence based. Participants saw political ambitions and electoral cycles as contributing to short-sightedness in policymaking, leading decision makers to favour eye-catching policies over longer term strategies.

Views on what would build confidence in government's plans

Participants offered their initial views on what might help to build confidence in a government's plans for the NHS. They were then asked to discuss four approaches that a government could take to build confidence and voted on their preferred approach.

These were:

- incorporating more long-term thinking into decision making via an independent commission or review
- using more public engagement to inform decisions
- giving the NHS greater independence from government
- greater devolution of decision making.

Throughout this session, participants were asked to consider what would build their confidence in any future government's plans for the NHS, rather than focusing on the current government.

Participants strongly supported giving the NHS greater independence from government. This was their preferred approach of the options discussed and had been spontaneously raised as a theme throughout the workshops. For example, when discussing different health system funding models, one of the main benefits of a social health insurance system was seen to be its potential to reduce government control over health care funding.

Participants identified a range of advantages to having a more independent NHS. It was thought that decision making could be more efficient and effective, with government bureaucracy reduced and decisions more focused on patient care and better tailored to local need. It was thought that decisions would be better made by those with health care expertise, rather than politicians who can lack health experience, and that independence could facilitate better long-term planning and more continuity in policy by removing short-term political incentives. Several concerns about greater independence were also raised, including around the feasibility and the potential disruptions of such a change, and worries that an independent NHS could be less accountable to the public.

'You have to make the NHS independent. There are no ifs and buts with that. It's a political football. Yes we vote in politicians, but they can change their views at any point. So it has to be independent.'

Deliberative research participant, King's Lynn

There was also broad support for having an independent commission or review that could provide recommendations to aid long-term planning. Participants consistently expressed the need for a longer term approach to planning in the NHS, and they thought independent analysis could support this. Perceived strengths of this approach included its independence from politics, the ability to bring in expert views and the potential to hold government

to account by publishing its assessments. However, some potential challenges were also identified, including the potential cost and bureaucracy of establishing and running such a commission.

The idea of embedding more public engagement in decision making was also largely viewed positively. Participants thought this approach could help to ensure decision makers better reflect and represent the diverse needs of the public in their plans, which would in turn increase their confidence. However, questions and concerns around the practical application and effectiveness of public engagement in policymaking ultimately led to this being a less favoured option for building confidence.

There was some support for greater devolution of decision making, with a few participants raising this spontaneously during the workshops, but overall, this was not a preferred approach. Supporters of greater devolution believed that the approach would be more responsive to local needs. However, a range of concerns outweighed the support, including fears that it could lead to a 'postcode lottery' and fragmentation of national initiatives.

Several other suggestions for building confidence were raised spontaneously and echoed themes from earlier discussions. Some participants called for greater honesty when communicating about the state of the NHS. Some wanted government to demonstrate greater accountability by reporting on progress against measurable targets. Participants also wanted transparency over the funding the NHS receives and how the budget is spent.

Seven implications for the next government

- 1. Being open about the extent of the problems facing the NHS could help to build public support for a longer term approach, even if it is unlikely to build confidence in how the service is being run now.** The public can already see the health service is in crisis and has a relatively nuanced understanding of how the current situation has been brought about. However, the participants in our deliberative research were still visibly shocked when presented with an evidence-based assessment of the population's changing health care needs and the constraints on expanding activity to keep pace with growing demand. While the conclusions of this assessment generally increased participants' concerns, they also welcomed having an honest appraisal of the problems facing the NHS. A national conversation about the problems facing the NHS could help to forge a new 'social contract' about its future.
- 2. Give primary care and community services an increasing share of the available resources.** Despite the high-profile pressures on the hospital sector, we found a clear public appetite for government to focus on improving primary and community care. In our deliberative workshops, participants emphasised the vital role of these services in preventing ill health, providing early diagnosis and managing ongoing conditions, which participants saw as central to reducing demand for hospital care. While participants wanted people to be able to access hospital services when essential, they also recognised the need for the NHS to work as a system and that the population's changing health needs would not be met by continuing to focus resources on hospitals. If the next government were to make a long-term commitment that the share of NHS resources devoted to primary and community care will gradually increase over time, developing an explanatory narrative informed by our findings may help to secure wider backing.
- 3. People want to invest in a better NHS, so be bold about finding ways to raise the money.** Policymakers may be sceptical of polling that suggests the public is willing to pay more tax, especially following a cost-of-living shock and a record tax burden. However, through our deliberative research, participants who favoured increased investment in the NHS were confronted with how much specific taxes could need to rise and illustrations of what this could mean for the financial situation of people like them. This gave participants who favoured tax rises pause for thought, but most still concluded that, on balance, they still preferred to invest in improving the NHS – with better long-term planning and more effective use of existing budgets the quid pro quo. A few participants consistently opposed increasing taxes. If taxes were to increase, what mattered to participants was that the burden be shared across society, including business and employers, and reassurance that the NHS would benefit from the extra revenue raised.

- 4. We need a better conversation with the public about ‘waste’ in the NHS.** There was strong desire among our participants to see the health service make better use of existing budgets. Deliberating whether to increase taxes or accept a struggling NHS often sparked unprompted discussions about how to reduce waste so existing budgets could be used more effectively. Addressing much of what participants highlighted as examples of ‘waste’ could genuinely improve patient care, but none were likely to generate substantial savings and several were based on common misconceptions. This was a major theme throughout our workshops, albeit not one we were able to explore in detail. Further public engagement and research on this topic would offer more insight into how closely what policymakers see as opportunities to achieve efficiencies align with the public’s priorities and perceptions.
- 5. Any plan to improve the health service must start with improving support for NHS staff.** In our 6-monthly surveys, expanding and supporting the workforce regularly features among people’s top priorities for the NHS. Participants at our deliberative workshops expressed similar views and, while some expressed frustrations with their experiences of the health service, the fault was rarely seen as lying with those delivering health care. The NHS now has a long-term strategy for training and recruiting more staff, but this needs to be matched with tangible action to improve working conditions. The public notices when NHS staff are overstretched, exhausted and demoralised – which also influences perceptions of the quality of NHS care. Measures to improve morale and retention, especially those that will be visible to patients and the public, may help to positively shape perceptions of how well the health service is performing.
- 6. The next government should act to restore public trust.** Lack of confidence in government was a strong theme throughout the workshops. While the political instability of the past few years is likely a factor in the public’s negative views of its policies for the NHS, the degree of scepticism about politics we heard from participants suggests this problem will not be solved by a change of government. However, it is far from clear how this might be addressed. Being open about the problems facing the health service, using trusted experts and evidence in communications, and prioritising improvements that will be visible to patients and staff could all help. But the next government may also need to consider the case for wider changes to ministers’ relationship with the NHS, with the aim of providing more independent scrutiny, building a long-term perspective into policy decisions and increasing public engagement.
- 7. People don’t want to change the NHS model, they just want the NHS to work for them.** The current crisis has fuelled concerns about the future of the NHS but its founding principles still hold strong appeal – including when tested against proposals that would involve making a fundamental shift away from these principles. The failure of such ideas to resonate with the public – alongside the lack of evidence to support radically changing the NHS funding model – essentially leaves two approaches for policymakers to choose between. Persevering with underpowered, largely short-term focused efforts that aim to prevent further

declines in NHS performance might allow the next government to postpone making some hard political choices, but is unlikely to address the public's concerns about the future. The alternative – which is far more closely aligned with what the public wants – is a renewed, sustained effort to build a stronger, more resilient and sustainable health service.

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ISBN: 978-1-911615-92-7
Registered charity number: 286967
Registered company number: 1714937
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