

February 2017

Public Perceptions of the NHS and Social Care Survey

An ongoing tracking study for the Department of Health,
winter 2016 wave

Since this research was carried out the Department of Health has been renamed the Department of Health and Social Care.

© Crown copyright, 2016.

You may use and re-use the information featured on this website (not including logos) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence>

We encourage users to establish hypertext links to this website.

Any enquiries regarding the use and re-use of this information resource should be sent to

e-mail: psi@nationalarchives.gsi.gov.uk

The views in this report are solely the responsibility of the authors and should not be interpreted as reflecting the views of the Department of Health. All errors or omissions are the authors' sole responsibility.

Executive summary

1 Executive summary

1.1 Background to this research

This survey is the latest in a series of surveys conducted by the Ipsos MORI Social Research Institute on behalf of the Department of Health between spring 2000 and winter 2016. The aim of the survey is to explore public attitudes towards, and perceptions of, the NHS and social care services, and to provide a means of tracking these perceptions and attitudes over time.

Some events that occurred during or just before the fieldwork period for the winter 2015 survey may have had an impact on some of the results. For example, there were a number of media stories related to the NHS. In particular, in the lead up to, and following, the Autumn statement on 11th November 2016, there were a number of news stories focused on NHS funding¹. There were also a number of media reports about funding for social care². The fieldwork took place before the Red Cross referred to the NHS as facing a 'humanitarian crisis' in January 2017 however.

1.2 Methodology

All interviews were carried out by Ipsos MORI interviewers in participants' homes, using Computer Assisted Personal Interviewing (CAPI). A total of 1,025 interviews were conducted with adults aged 16 and over in England between 31 October and 18 December 2016.

In order to achieve a sample representative of the national and regional population, quotas were set for the number of interviews carried out with different types of participants. Quotas were set for age, gender and working status. Data have been weighted to the known profile of the population.

The methodology has been consistent in every wave of this survey, allowing results to be tracked over time. Further details about the methodology are provided in the appendices.

1.3 Key findings of the research

- **Overall satisfaction with the running of the NHS has fallen since winter 2015 and concern about the future of the NHS remains high.**

- **Despite this, perceptions of local NHS services are as positive as in winter 2015, as are satisfaction levels among those who have used NHS services in the last year.**

¹ <https://www.theguardian.com/society/2016/oct/31/the-nhs-cant-take-any-more-efficiency-savings>
<http://www.bbc.co.uk/news/health-37943379>

² <https://www.theguardian.com/healthcare-network/2016/dec/16/social-care-crisis-nhs-trusts>

- **Pride in the NHS also remains high, as do perceptions of safety, dignity and respect and compassion.**
- **The NHS is seen as providing good value for money to taxpayers, but views are less positive around the future of funding for the service.**
- **Views around choice and involvement in treatment and care are positive, although people are more positive about their own experiences than the levels of choice and involvement they believe others are exposed to.**
- **The majority of the public think that it is easy to feedback on NHS services, and more agree than disagree that this feedback is acted upon.**
- **People remain positive about new models of care, particularly the concept of travelling further for specialist care.**
- **More people have had telephone consultations with their GP than in winter 2015 and people are increasingly, though slowly, using new ways of contacting the NHS.**
- **Most people think the government is being effective in reducing smoking. Fewer people think this is true for reducing obesity, diabetes and harmful drinking. Individuals are considered to have more responsibility for tackling obesity than the government or the food and drinks industry.**
- **There is a high level of concern about childhood obesity and people expect levels to increase. Concern about the scale of the problem is high.**
- **The public are less likely than in winter 2015 to agree that local authorities in England are providing good social care services.**
- **Few have started to prepare for potential future social care costs and concern about this remains relatively high.**

Overall satisfaction with the NHS

Around two thirds (66%) of the public are satisfied with the running of the NHS, a smaller proportion than were in winter 2015 (71%). Satisfaction is in line with the level recorded in winter 2014 (68%). In parallel, dissatisfaction has risen since winter 2015 (from 13% to 17%).

There was a sharp decline in public optimism about the future of the NHS in winter 2015, when the proportion who thought the NHS would get better over the next few years dropped (from 34% in winter 2014 to 15% in winter 2015), and the proportion expecting the NHS to get worse rose (from 30% in winter 2014 to 55% in winter 2015). The winter 2015 results have been maintained, with over half (58%) of the public now expecting the NHS to get worse over the next few years and only around one in six (16%) expecting it to get better.

The decline in overall satisfaction with the NHS appears to be more closely linked to concerns about the NHS at a national level than a local one. The proportion who agree that the NHS is providing a good service nationally has declined since winter 2015 (from 66% to 60%), as has the proportion that agree that the government has the right policies for the NHS (from 28% to 24%). In contrast, nearly eight in ten (78%) agree that their local NHS provides them with a good service, and those who have come in contact with specific NHS services in the last year continue to be satisfied with them. Almost nine in ten (87%) of all recent hospital users are satisfied with their last visit to an NHS hospital, and a similar proportion (86%) of those who have visited their GP in the last year are satisfied with their most recent visit.

Key perceptions of the NHS

While overall satisfaction with the NHS has fallen, this does not seem to have had an impact on people's perceptions of key aspects of care. Pride in the NHS remains as strong as ever, with just under eight in ten (78%) agreeing that Britain's National Health Service is one of the best in the world (unchanged from winter 2015).

Belief that people are treated with dignity and respect in the NHS also remains high, with eight in ten (80%) agreeing that people are when using NHS services. A similar proportion (78%) agree that people are treated with compassion when they use NHS services. Trust in the safety of NHS hospitals also remains strong, with more than eight in ten (84%) agreeing that they would feel safe in an NHS hospital if they were very ill. All of these figures have not changed since winter 2015.

People are less positive about NHS waiting times. Around three quarters (74%) agree with the statement that 'NHS waiting times for emergency treatment and care are too long', while a similar proportion (76%) agree that 'NHS waiting times for non-emergency treatment and care are too long'. The proportion who think the latter has risen since winter 2015 (from 70%). Around two thirds (64%) agree that 'waiting times for mental health treatment and care are too long', although a significant minority (31%) say that they don't know whether or not they are.

Views around whether or not hospitals provide the same standard of services to patients in an emergency at the weekend as during the week are mixed. Around four in ten (44%) agree that the same standard of service is provided, while a similar proportion (42%) disagree. Public opinion is similarly divided about whether or not people can get an evening appointment with a GP if they want one, with four in ten (43%) saying they can and similar proportion (45%) disagreeing. Far fewer (23%) agree that people are able to get a weekend appointment with a GP.

Half (51%) agree that mental health services are as much of a priority for the government as other NHS services, while just under two in five (37%) disagree. The proportion disagreeing that mental health services are as much of a priority has increased since winter 2015 (when 32% disagreed).

NHS funding

The public continue to perceive the NHS as providing good value for money to taxpayers. Around three quarters (72%) agree that it does, the same proportion as in winter 2015. However, the proportion who disagree that the NHS provides good value for money has increased since winter 2015 (from 17% to 21%).

Views are more mixed around whether the NHS is doing everything it can to reduce waste and inefficiency, with four in ten (40%) agreeing that it is and a slightly higher proportion (46%) disagreeing.

The majority (88%) continue to agree that the NHS will face a severe funding problem in the future, in line with figures recorded in winter 2015 (88%).

Patient involvement in treatment and care

People are positive about their involvement and choice in their treatment and care. Around eight in ten (82%) agree that, the last time they saw a health professional, they were as involved as much as they wanted to be in decisions about their care or treatment. Just over six in ten (62%) agree that they were able to choose the treatment or service which best suited their needs.

However, the public are less positive about the levels of choice and involvement they think people in general have. Just under half (49%) agree that people have enough choice about their treatment and care, while a similar proportion (54%) agree that people have enough involvement in their treatment and care. Both figures remain unchanged from winter 2015.

Feedback and complaints

More than half (51%) of the public agree that it is easy to feed back on the service they receive from the NHS, and people are more likely to agree (46%) than disagree (26%) that the NHS acts on feedback it receives from patients. The majority (72%) would feel comfortable making a complaint if they had a poor experience at a GP practice, with the same proportion (72%) saying they would feel comfortable making a complaint if they had a poor experience at a hospital.

Public health

Cancer continues to be perceived to be the biggest health problem facing people today, mentioned by 39% of the public. This is followed by obesity (32%) and age-related illnesses (23%). Concern about dementia has risen since winter 2015 with 17% now citing this as one of the biggest health problems compared with 13% in winter 2015.

Perceptions of government effectiveness in tackling a range of public health issues are mixed. Just under two thirds (65%) of the public think the government is being effective in reducing smoking. However, only around a third (35%) think it is being effective in reducing diabetes and around a quarter (26%) think it is being effective in reducing harmful drinking. A similar proportion (29%) think it is being effective in tackling obesity.

Although the government is seen as less effective at tackling obesity and reducing diabetes than reducing smoking, both have seen increases in the proportion who say the government is being effective compared with winter 2015.

Looking at obesity in more detail, individuals (84%) are considered to have more responsibility in tackling it than the food and drinks industry (72%) or the government (58%). Concern about childhood obesity in particular is high. Nearly nine in ten (86%) think it is a big problem nowadays and the majority (67%) think that levels of childhood obesity will increase in the future. The NHS is considered to be taking the most action to tackle the problem, with over half (57%) of the public thinking it is doing a great deal or fair amount. Fewer people think the government (46%), individuals (41%), the food and drinks industry (28%) and local councils (24%) are doing a great deal or a fair amount.

Social care: perceptions of current services

The public are more positive about social care services provided by local authorities than they are towards the government's social care policies. Around three in ten (32%) agree that local authorities in England are providing good social care services, while only a quarter (25%) agree that the government has the right policies for social care in England. However, fewer now agree that local authorities in England are providing good social care services than in winter 2015 (down from 37% in winter 2015 to 32% now).

Public opinion is divided on whether or not NHS and social care services work well together to give people co-ordinated care. Around four in ten (43%) agree that they do, while a similar proportion (40%) say that they do not. Opinion on this is now more divided than was the case in winter 2015.

Social care: preparing for the future

Around four in ten (38%) have already begun preparing financially to pay for the social care services they might need when they are older. Around six in ten (62%) have made hardly any preparations or have not started preparing at all. These results are in line with those from winter 2015.

Concern about meeting the costs of social care services remains at a similar level to winter 2015. Almost half (46%) of the public say they are concerned about meeting the costs of social care services they might need when they are older. Just under half of the public (45%) agree that it is their responsibility to save so that they can pay towards their care when they are older.

Introduction

2 Introduction

2.1 Background and objectives

The aim of the survey is to explore public attitudes towards, and perceptions of, the NHS and social care services. The core survey consists of tracker questions which assess how public opinion varies over time. Additional questions have been included as new topics emerge. For example, in this wave new questions were included on childhood obesity and the steps being taken to tackle it. This flexibility means the survey can reflect the most current issues facing the NHS and social care.

2.2 The structure of the report

The first chapter of this report is the executive summary, which provides an overview of the key findings from the survey. This is followed by the introduction in chapter 2, which sets out the background and the objectives of the survey. Chapters 3 – 11 describe the findings in detail. Details of the methodology, notes about how to interpret the data, the statistical reliability of the data, a guide to the social classifications referred to in this report, and the questionnaire are included in the appendices.

2.3 Note about presentation and interpretation of the data

This report presents the data from the latest wave of this survey, conducted in winter 2016. This data is compared with data from the winter 2015 survey to give an indication of any changes that have occurred since then. In addition, data from earlier waves of the survey are also referred to in order to provide a picture of longer-term trends.

Differences in results to the same question from different waves of the survey have to be of a certain size in order to be statistically significant. When it states in this report that a finding has increased or decreased compared with a previous wave, this increase or decrease will be statistically significant at the 95% confidence interval. When it states in this report that a finding has not changed since the previous wave, but the two percentages quoted are different, this is because the difference between the two percentages is not large enough to be statistically significant at the 95% confidence level.

This report also comments on differences in the data between different sub-groups within the total sample surveyed in this wave, for example, differences in views between men and women. Again, a difference has to be of a certain size in order to be statistically significant and only differences which are statistically significant at the 95% confidence level are commented on in this report.

Only sub-groups comprising 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 truly representative of the population as a whole. Findings for groups with as few as 100 participants can be subject to confidence intervals of +/-10% (please see appendix 12.3 for more details).

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.

A number of different sub-groups have been reviewed during the data analysis stage and the ones referenced in the report are listed in appendix 12.3.

Survey participants are permitted to give a 'don't know' answer to each 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 may be 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 1% but greater than 0%.

Where this report refers to figures for those 'satisfied', this is an aggregate sum of those who say they are 'very satisfied' and those who say they are 'fairly satisfied'. In turn, 'dissatisfied' figures refer to an aggregate sum of those who say they are 'very dissatisfied' and those who say they are 'fairly dissatisfied'.

The way in which aggregate figures for this survey are calculated was changed at the time of reporting for the winter 2015 wave of the survey. Therefore, when referring to historical trend data for this survey it is advisable to use the figures cited in this report or the winter 2015 report. Prior to the winter 2015 wave of the survey, aggregate figures were obtained by summing the proportions (percentages) of people saying they are 'very satisfied' and 'fairly satisfied'. They are now calculated by summing the absolute numbers of people saying they are 'very satisfied' and 'fairly satisfied' and then dividing this figure by the total number of people who have answered the question. This report, uses the latter approach to calculating aggregate figures, where the data is still available (it is not available for some of the very early waves of the survey). This means that these aggregate figures in the text of the report, due to rounding, are sometimes 1 or 2 percentage points different to the figures that would be obtained by summing the proportions shown in the charts who are 'very satisfied' and 'fairly satisfied'. It also means that some historical data in this report will sometimes be 1 or 2 percentage points different to the same figures quoted in previous reports.

Some events that occurred during or just before the fieldwork period for the winter 2015 survey may have had an impact on some of the results. For example, the Office of National Statistics released figures during the fieldwork which showed that dementia is now the leading cause of death in England and Wales, having overtaken heart disease.³ This may have led to the increase in the proportion of people citing dementia as one of the biggest health problems facing people today (from 13% in winter 2015 to 17% in winter 2016). There were also a number of media stories related to the NHS. In particular, in the lead up to, and following, the Autumn statement on 11th November 2016, there were a number of news stories focused on NHS funding⁴. There were also a number of media reports about funding for social care⁵. The fieldwork took place before the Red Cross referred to the NHS as facing a 'humanitarian crisis' in January 2017.

³ Deaths registered in England and Wales (Series DR): 2015, ONS (2015), released 14th November 2016, available at: [file:///C:/Users/harriet.fowler/Downloads/Deaths%20registered%20in%20England%20and%20Wales%20\(Series%20DR\)%202015.pdf](file:///C:/Users/harriet.fowler/Downloads/Deaths%20registered%20in%20England%20and%20Wales%20(Series%20DR)%202015.pdf)

⁴ <https://www.theguardian.com/society/2016/oct/31/the-nhs-cant-take-any-more-efficiency-savings>
<http://www.bbc.co.uk/news/health-37943379>

⁵ <https://www.theguardian.com/healthcare-network/2016/dec/16/social-care-crisis-nhs-trusts>

It is worth bearing in mind that this survey deals with public perceptions at the time of the survey rather than facts; in particular, these perceptions may or may not accurately reflect levels and quality of service actually being delivered by the NHS.

Full data tables for the winter 2016 wave of the survey are available on the Ipsos MORI website.

Overall satisfaction with the NHS

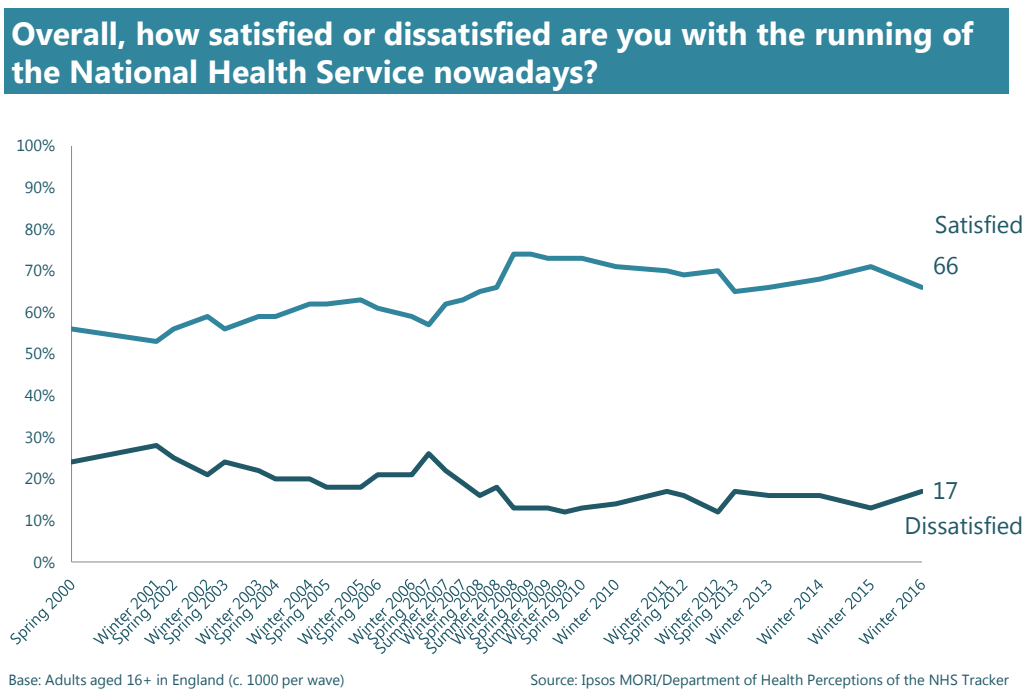
3 Overall satisfaction with the NHS

This chapter discusses satisfaction with the running of the NHS. It also explores expectations for the future of the service, as well as the perceived biggest problems facing it. It examines perceptions of the NHS at both a national and local level, along with views of government policies for it, and concludes by exploring satisfaction among recent users of NHS services.

3.1 Overall satisfaction with the running of the NHS

Two thirds (66%) of the public are satisfied with the running of the NHS nowadays. Although many more people are satisfied with the service than dissatisfied, the level of satisfaction has dropped since winter 2015 (when it was 71%) and is now in line with that recorded in winter 2014 (68%). In parallel, dissatisfaction has risen since winter 2015 (from 13% to 17%).

Figure 3.1: Overall satisfaction with the running of the NHS



While high rates of satisfaction are seen across most age groups, there are some differences by age. As seen in many previous waves of this survey, people aged 35 to 54 are more likely to express dissatisfaction with the running of the NHS than others (23% compared with 17% overall). Conversely, older people (those aged 75 and over) are more likely to be *very* satisfied than the public in general (27% compared with 18% overall). Regardless, of these differences, across all age groups there has been a decline in satisfaction with the NHS.

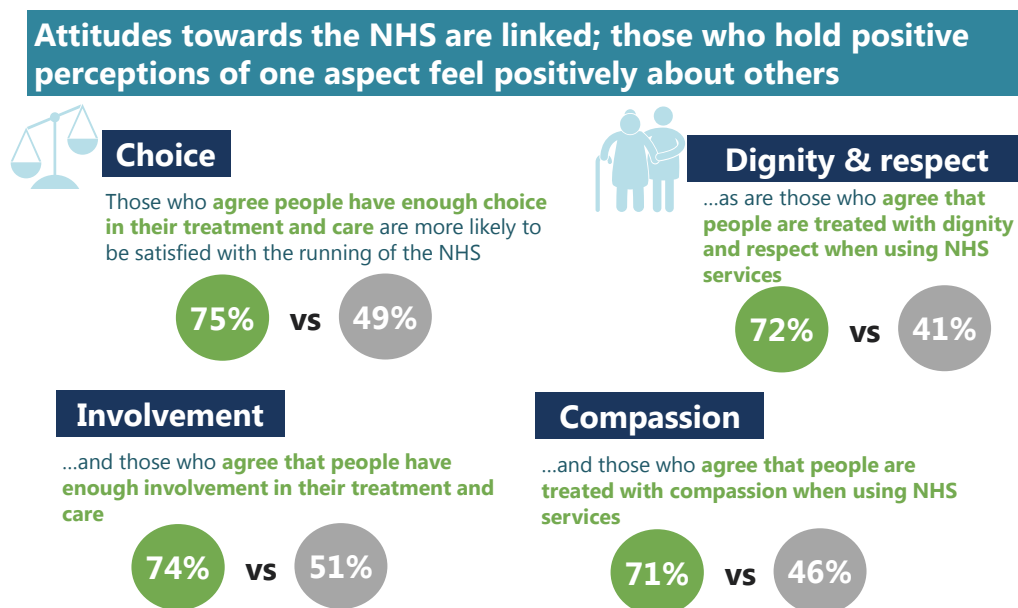
Satisfaction levels also vary based on whether or not people have recently used NHS services, with those who have done more likely to be satisfied than those who have not (68% compared with 55%).

Another pattern highlighted in previous reports for this survey is that many perceptions of the NHS are related. People who have a positive attitude about one aspect of the NHS also tend to be satisfied with the way it is run. For example, the following groups of people are more likely to be satisfied with the running of the NHS:

- those who agree that people are treated with dignity and respect when they use NHS services (72% are satisfied compared with 41% of those who disagree that people are treated with dignity and respect when they use NHS services);
- those who agree that people are treated with compassion when they use NHS services (71% are satisfied compared with 46% of those who disagree that people are treated with compassion when they use NHS services);
- those who agree that people have enough choice in their treatment (75% are satisfied compared with 49% of those who disagree that people have enough choice in their treatment and care);
- those who agree that people have enough involvement in their treatment and care (74% are satisfied compared with 51% of those who disagree that people have enough involvement in their treatment and care).

It is not possible to tell from the type of data analysis carried out whether one sentiment is driving the other, or whether certain individuals are simply more positive about the NHS.

Figure 3.2: How attitudes towards the NHS are linked



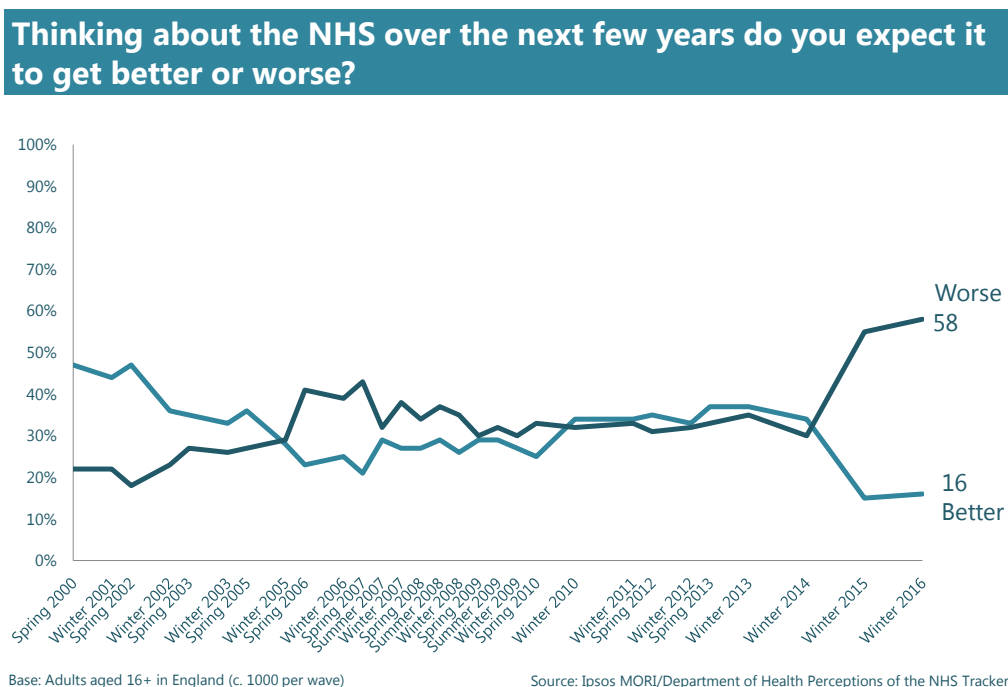
Source: Ipsos MORI/Department of Health Perceptions of the NHS Tracker

Base: Adults aged 16+ in England, Winter 2015:
 People who agree people have enough choice in their treatment and care (508), People who disagree with this (279);
 People who agree people have enough involvement in their treatment and care (546), People who disagree with this (241);
 People who agree people are treated with dignity and respect when they use NHS services (815); People who disagree with this (174);
 People who agree people are treated with compassion when they use NHS services (805), People who disagree with this (167).

3.2 Expectations for the future of the NHS

The drop in satisfaction levels is accompanied by continued concern about the future of the NHS. There was a sharp decline in public optimism about the future of the NHS between winter 2014 and winter 2015. The proportion who thought the NHS would get better over the next few years dropped (from 34% in winter 2014 to 15% in winter 2015), while the proportion expecting the NHS to get worse rose (from 30% in winter 2014 to 55% in winter 2015). The winter 2015 figures have been maintained. More than half (58%) of people continue to say they expect the NHS to get worse over the next few years, and only one in six (16%) expect it to get better.

Figure 3.3: Expectations for the future of the NHS



There are again differences by age, with middle aged and older people being more worried about the future of the NHS than younger people. For example, 65% of those aged 35 to 54 and 69% of 55 to 64 year olds say they think the NHS will get worse over the next few years compared with 58% of people overall.

Those in social grades AB are also more likely to be negative, with 70% of that group saying they think the NHS will get worse over the next few years compared with 58% of people overall.

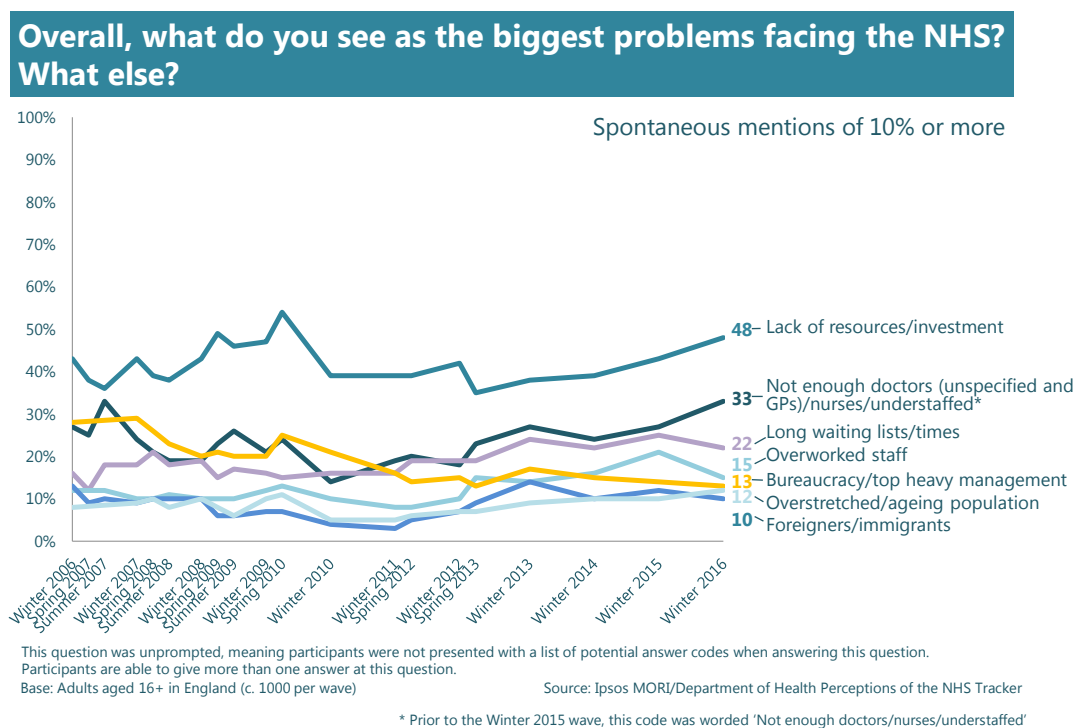
Those who are less happy with the status quo are also more likely to be worried about the future. People who are dissatisfied with the running of the NHS nowadays are more likely to be worried about the future (78% compared with 53% of those who are satisfied), as are those do not agree the government has the right policies for the NHS (74% compared with 35% who agree the government has the right policies).

3.3 Biggest perceived problems facing the NHS⁶

'Lack of resources/investment' remains the biggest perceived problem facing the NHS (48%), and the proportion mentioning it unprompted has risen 5 percentage points since winter 2015. This has been accompanied by an increase in the proportion who think that there are not enough doctors or nurses or that the NHS is understaffed (from 27% in winter 2015 to 33% now). A similar proportion (22%) cite long waiting lists/times as one of the biggest problems facing the NHS.

The proportions of people who think overworked staff or poor pay for NHS staff are among the biggest problems facing the NHS have declined since winter 2015 (from 21% and 11% respectively in winter 2015 to 15% and 6% now) and are now more in line with levels recorded in winter 2014 and waves prior to that. The heightened concern around those issues in winter 2015 is likely to be because fieldwork for that wave of the survey took place during the disputes between junior doctors and the government about the junior doctor contract.

Figure 3.4: Perceptions of the biggest problems facing the NHS



Some of the same groups of people who are more likely to think the NHS is going to get worse over the next few years are also more likely to think 'lack of resources/investment' is one of the biggest problems facing the NHS.

- Those aged 35 to 54 are more likely than any other age group to be concerned about lack of resources/investment for the NHS, with 56% mentioning it as among the biggest problems facing the service compared with 48% overall.

⁶ This question was unprompted, meaning participants were not presented with a list of potential answer codes when answering this question.

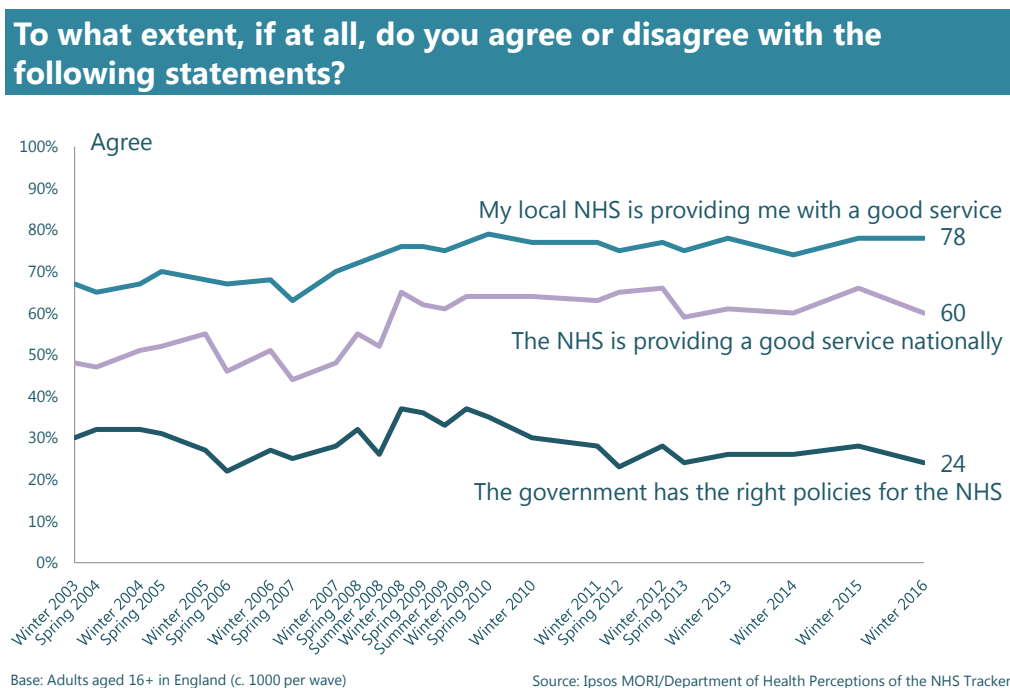
- Those in social grades AB tend to be more concerned than others, with 56% mentioning this as one of the biggest problems, compared with 48% overall.

3.4 The NHS perception gap: perceptions of the NHS nationally and locally

Despite the continued concern about the future of the NHS and the rise in dissatisfaction with the running of it overall, people continue to be positive about their local NHS. Around eight in ten (78%) agree that their local NHS is providing them with a good service, the same proportion as in winter 2015.

However, fewer than in winter 2015 agree that the NHS is providing a good service nationally (60% now compared with 66% then), or that the government has the right policies for the NHS (24% now compared with 28% then). The perception gap between how people view local NHS services and the NHS on a national scale (as demonstrated in every wave of this survey to date) remains and may be beginning to grow.

Figure 3.5: Perceptions of the NHS nationally and locally



Looking more closely at views about whether the NHS is providing a good service nationally and whether the government has the right policies for the NHS, again older people tend to be more negative than younger people.

- 55% of those aged 55 to 64 and 57% of those aged 65 to 74 disagree that the government has the right policies for the NHS compared with 45% overall, whereas
- 71% of 16 to 24 year olds agree that the NHS is providing a good service nationally, compared with 60% overall.

Those in social grades AB are also more pessimistic about government policies for the NHS (52% disagree it has the right policies compared with 45% overall).

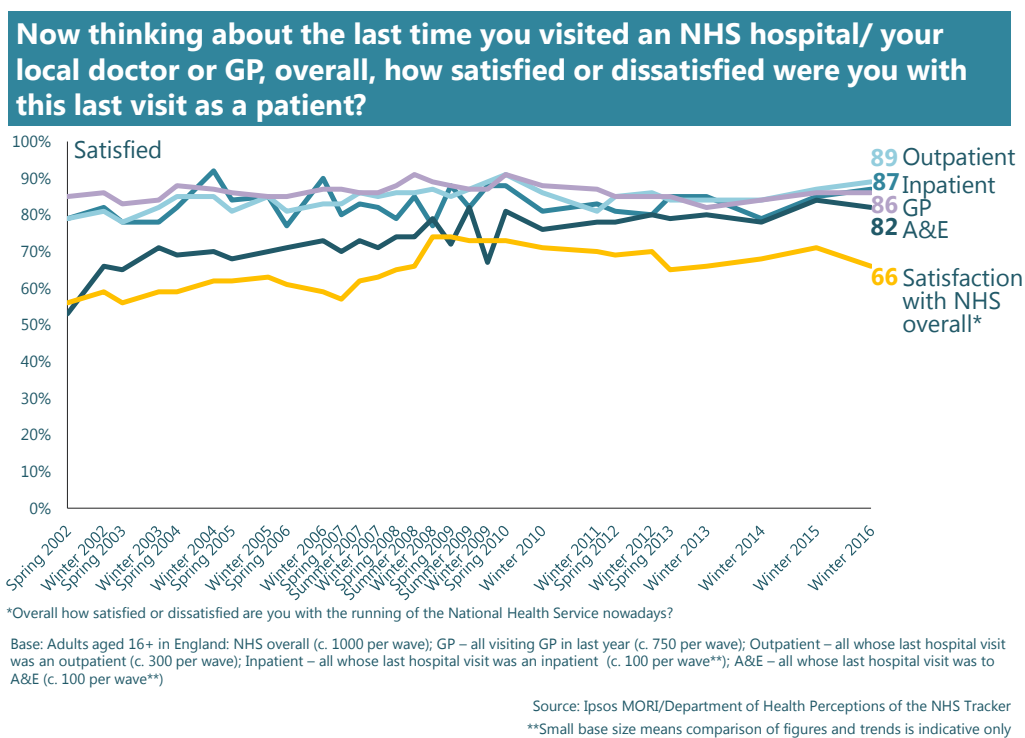
People who have a long-standing illness, disability or infirmity or who live with someone who does are more likely than those who do not to disagree that the NHS is providing a good service nationally (22% compared with 16%).

3.5 Recent experiences of the NHS

Reflecting the consistent and high levels of satisfaction with local NHS services, people who have come in contact with specific NHS services in the last year continue to be satisfied. Almost nine in ten (87%) of all recent hospital users are satisfied with their last visit to an NHS hospital, and this has not changed since winter 2015 (when 86% were satisfied). Satisfaction also remains high when broken down by those who have recently used outpatient services, have visited A&E, or have been recent inpatients (89%, 82% and 87% are satisfied respectively, and again these figures have not changed since winter 2015).

Similarly, the majority (86%) of those who have visited their GP in the last year are satisfied with their most recent visit. This also has not changed since winter 2015 (when 86% were satisfied) and reflects the high levels of patient satisfaction recorded in other surveys. For example, in the latest results of the GP Patient Survey a similar proportion of registered patients (85%) describe their experience of their GP surgery as good.⁷

Figure 3.6: Satisfaction with recent hospital and GP visits



⁷ GP Patient Survey – National Summary Report, Ipsos MORI, July 2016, <http://gp-survey-production.s3.amazonaws.com/archive/2016/July/July2016NationalSummaryReport.pdf>. The question wording used was 'Overall, how would you describe your experience of your GP surgery?'

Key perceptions of the NHS

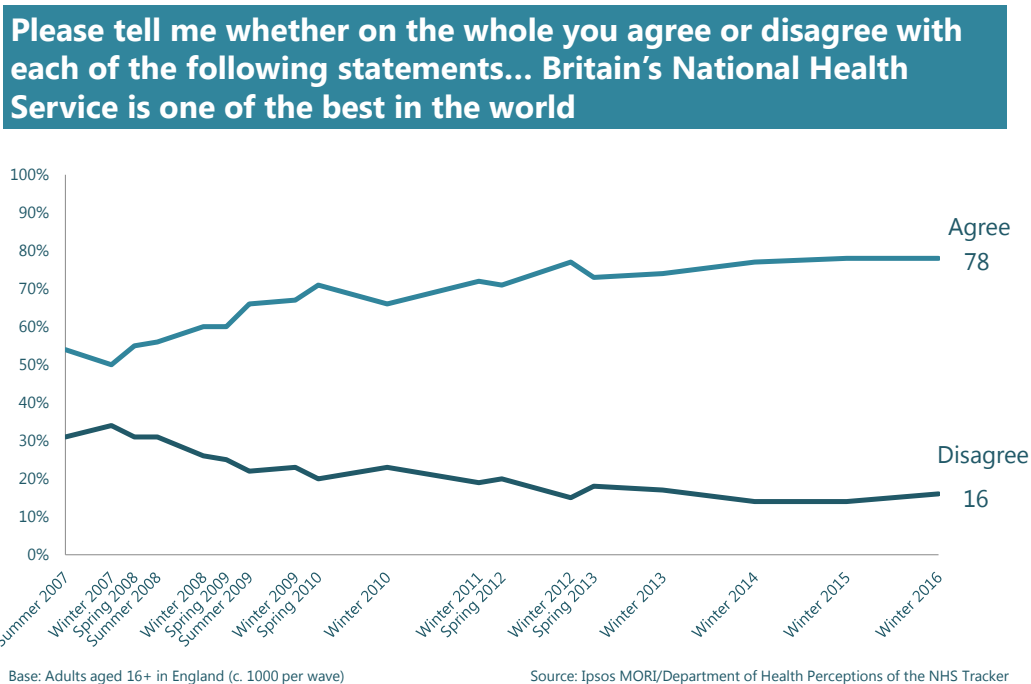
4 Key perceptions of the NHS

This chapter examines perceptions of a number of key aspects of the NHS. It starts by exploring pride in the NHS before moving on to perceptions around dignity and respect, compassion, safety, waiting times, seven day services and mental health services.

4.1 Pride in the NHS

Pride in the NHS remains as high as it has ever been with nearly eight in ten (78%) people agreeing that Britain's National Health Service is one of the best in the world. This has not changed since winter 2015 (when 78% agreed), and the fairly steady rise in the proportion agreeing with the statement since the question was first asked in summer 2007 is maintained.

Figure 4.1: Agreement with the statement: 'Britain's National Health Service is one of the best in the world'



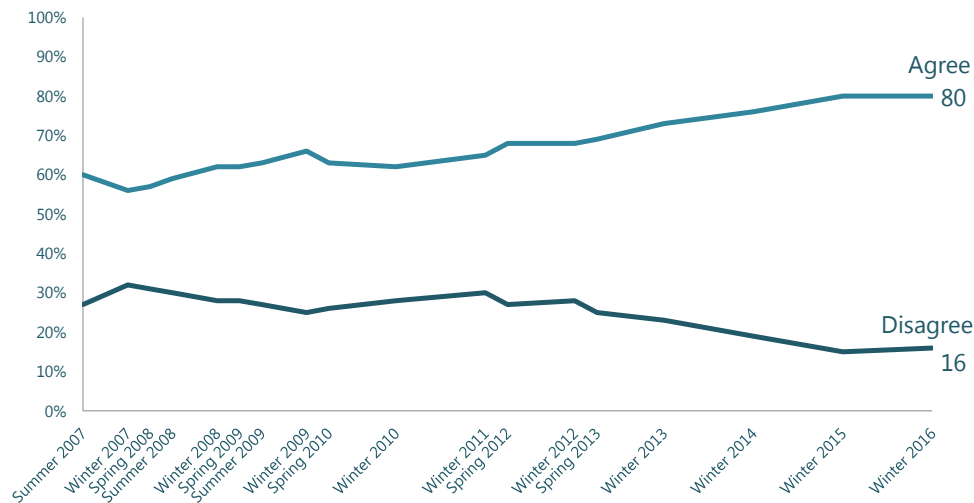
4.2 Perceptions of dignity and respect, and compassion

Dignity and respect

Mirroring the pattern seen regarding pride in the NHS, belief that people are treated with dignity and respect by the NHS is as high as it has ever been. Eight in ten (80%) agree that people are treated with dignity and respect when they use NHS services, the same proportion that agreed in winter 2015 (80%). Again, there has been a relatively stable rise in the proportion agreeing with this statement since summer 2007.

Figure 4.2: Agreement with the statement: 'People are treated with dignity and respect when they use NHS services'

Please tell me whether on the whole you agree or disagree with each of the following statements... People are treated with dignity and respect when they use NHS services



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/Department of Health Perceptions of the NHS Tracker

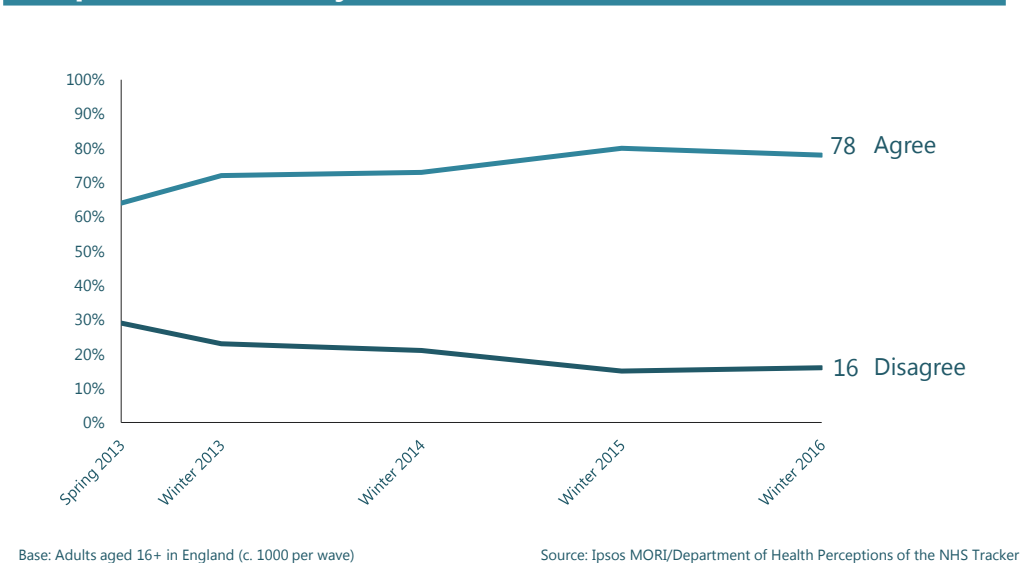
There is some variation in views about whether people are treated with dignity and respect by the NHS between men and women. Men are more likely than women to agree that people are treated with dignity and respect when they use NHS services (85% of men agree compared with 75% of women).

Compassion

Perceptions of compassion within the NHS remain very similar to those relating to dignity and respect. Nearly eight in ten (78%) agree that people are treated with compassion when they use NHS services, while around one in six (16%) disagree.

Figure 4.3: Agreement with the statement: 'People are treated with compassion when they use NHS services'

Please tell me whether on the whole you agree or disagree with each of the following statements...People are treated with compassion when they use NHS services



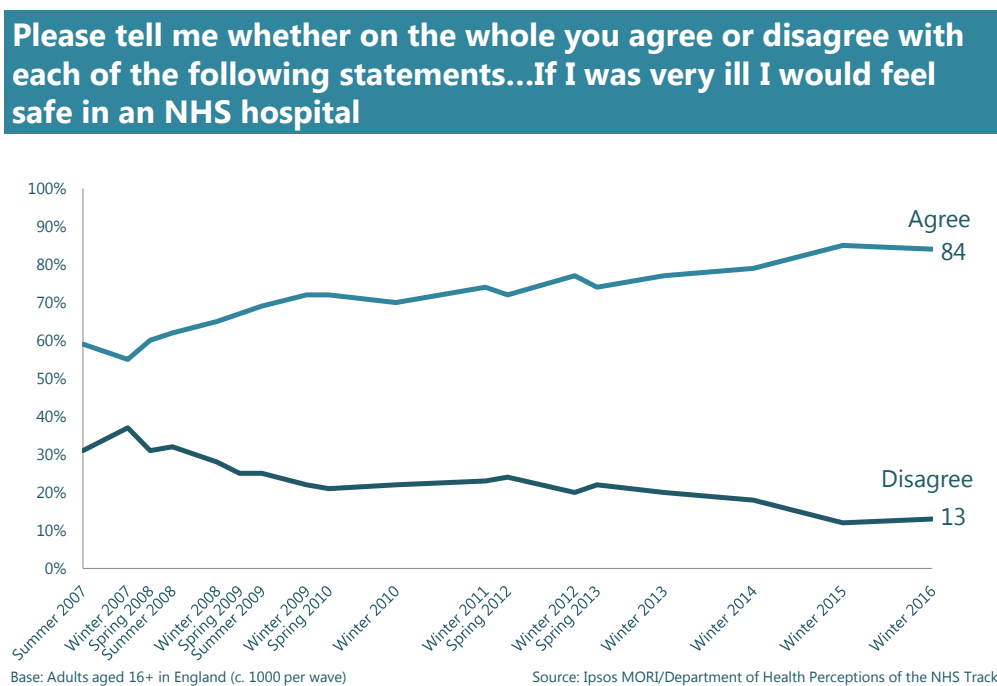
As with views about dignity and respect, men are more likely than women to agree that people are treated with compassion when they use NHS services (83% of men agree compared with 74% of women).

There is also variation by social grade, with people in social grades AB and C1 more likely to agree that people are treated with compassion compared with those in social grades C2 and DE (83% of those in social grades AB and C1 agree, while 75% of those in social grades C2 and 68% of those in social grades DE agree).

4.3 Perceptions of safety

Trust in the safety of NHS hospitals has been rising fairly steadily since summer 2007 and is now very high. Over eight in ten people (84%) agree that they would feel safe in an NHS hospital if they were very ill while just over one in ten (13%) disagree. These figures are in line with those recorded in winter 2015 (when 85% agreed they would feel safe and 12% disagreed).

Figure 4.4: Agreement with the statement: 'If I was very ill I would feel safe in NHS hospital'



People with recent experience of NHS hospitals are more negative about the safety of them than those without. Those who have visited an NHS hospital in the last year are more likely to disagree that they would feel safe if very ill in one than those who have not done so (16% compared with 10%). This was not the case in the winter 2015 wave, when 11% of recent hospital users disagreed they would feel safe in an NHS hospital, compared with 12% of non-hospital users.

Again there is a gender divide, with 16% of women disagreeing they would feel safe if very ill in an NHS hospital compared with 10% of men.

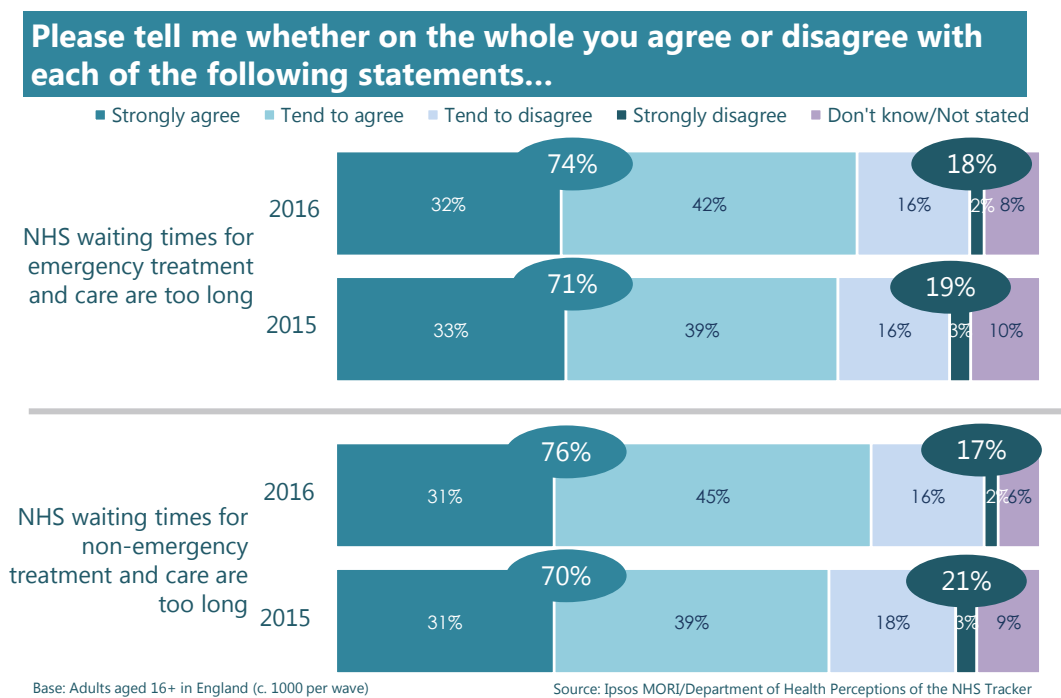
There are also differences by social grades, with those in social grades DE more likely to disagree they would feel safe than others (19% compared with 13% overall).

4.4 Perceptions of waiting times

People continue to be less positive about waiting times than other key aspects of the NHS. Over seven in ten agree with the statement 'NHS waiting times for emergency treatment and care are too long' (74%) and a similar proportion agree that 'NHS waiting times for non-emergency treatment and care are too long' (76%).

The proportion agreeing with the latter statement has increased by six percentage points since winter 2015 (when it was 70%). This rise in agreement has been driven by a rise in the proportion saying they *tend to agree* (from 39% to 45%) and a decline in proportion saying they don't know (from 9% to 6%).

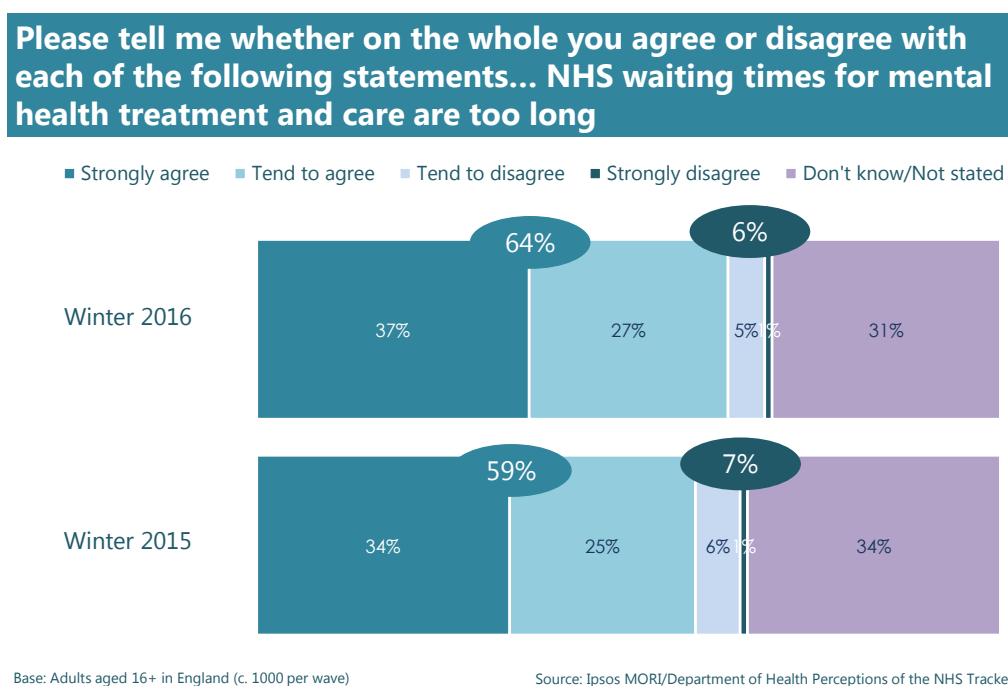
Figure 4.5: Perceptions of NHS waiting times for emergency and non-emergency treatment and care



Fewer people (64%) agree that NHS waiting times for mental health treatment and care are too long than feel the same about waiting times for emergency and non-emergency treatment and care (74% and 76% respectively). However, more people feel less able to give an opinion about waiting times for mental health treatment and care than do about waiting times for emergency and non-emergency treatment, with a higher proportion saying they don't know about the former (31% compared with 8% and 6% respectively).

As with views about waiting times for non-emergency treatment, the proportion of people agreeing that waiting times for mental health treatment and care are too long has risen since winter 2015 (from 59%).

Figure 4.6: Perceptions of NHS waiting times for mental health treatment and care



Those who have visited a walk-in clinic in the last year are more likely to agree that waiting times for emergency treatment or care are too long compared with people overall (84% compared with 74%).

Just considering waiting times for mental health treatment and care, women are more likely than men to agree that they are too long (69% of women agree compared with 58% of men). Men are more likely to say they don't know however (36% of men say this compared with 25% of women).

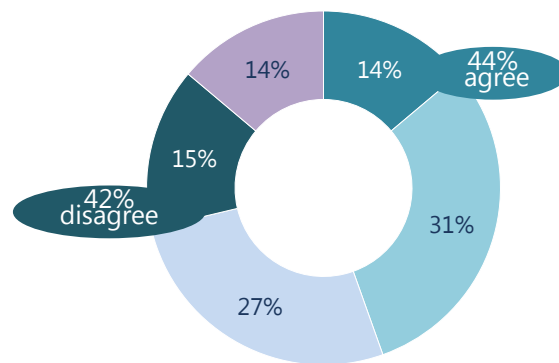
4.5 'Seven Day Services'^{8 9}

Public opinion is divided about whether hospitals provide the same standard of services to patients in an emergency at the weekend as during the week. Around four in ten (44%) agree that they do; a similar proportion (42%) disagree.

Figure 4.7: Agreement with the statement: 'Hospitals provide the same standard of service to patients in an emergency at the weekend as during the week'

Please tell me whether on the whole you agree or disagree with each of the following statements... Hospitals provide the same standard of service to patients in an emergency at the weekend as during the week

■ Strongly agree ■ Tend to agree ■ Tend to disagree ■ Strongly disagree ■ Don't know/Not stated



Base: Adults aged 16+ in England, Winter 2016 (1025)

Source: Ipsos MORI/Department of Health Perceptions of the NHS Tracker

There are some groups who are more likely to think that hospitals do not provide the same standard of services to patients in an emergency at the weekend as during the week. These include:

- middle aged and older people (47% of 35 to 54 year olds; 44% of 55 to 64 year olds; 51% of 65 to 74 year olds; and 43% of those aged 75 and over disagree compared with 28% of 16 to 24 year olds).
- people in social grades AB, compared with those in social grades DE (50% disagree compared with 38%).

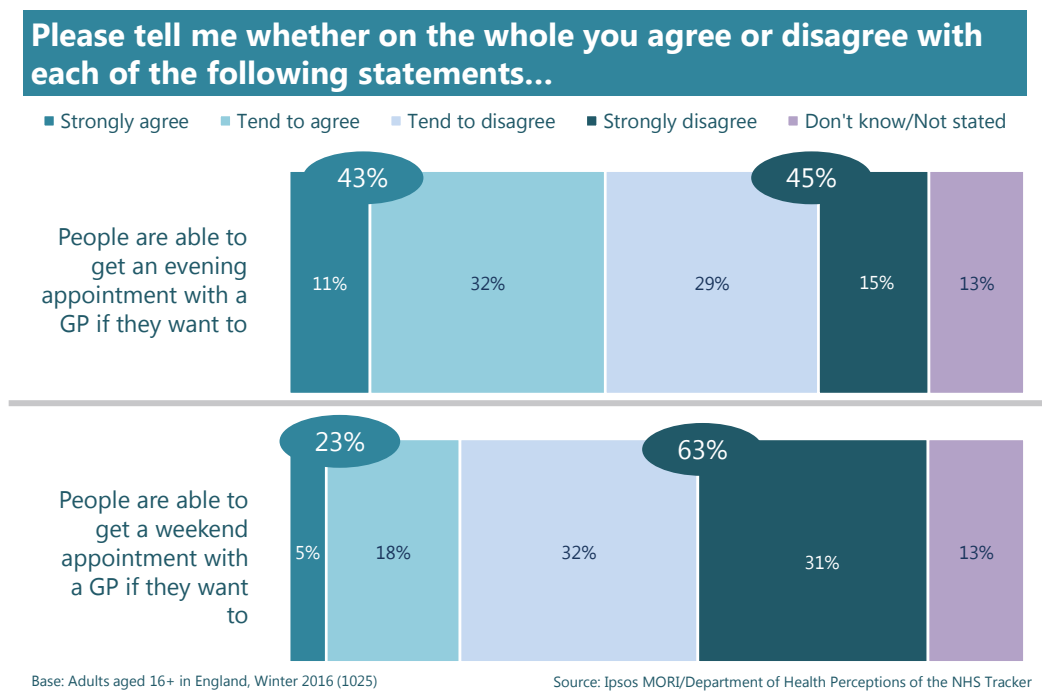
⁸ The questions reported on in the section '4.5 Seven Day Services' were asked for the first time in the winter 2016 wave of the survey.

⁹ Please note that, as stated in the Introduction, this survey deals with public perceptions at the time of the survey rather than facts; in particular, these perceptions may or may not accurately reflect levels and quality of service actually being delivered by the NHS.

Public opinion is split over whether it is possible to get an evening appointment with a GP. Around four in ten (43%) agree that people are able to get an evening appointment with a GP if they want to; while a similar proportion (45%) disagree.

However, when it comes to getting a weekend appointment with a GP, the majority of people disagree that it is possible. Nearly two-thirds (63%) disagree that people are able to get a weekend appointment with a GP if they want to, and less than a quarter (23%) agree.

Figure 4.8: Levels of support for 'Seven Day Services'

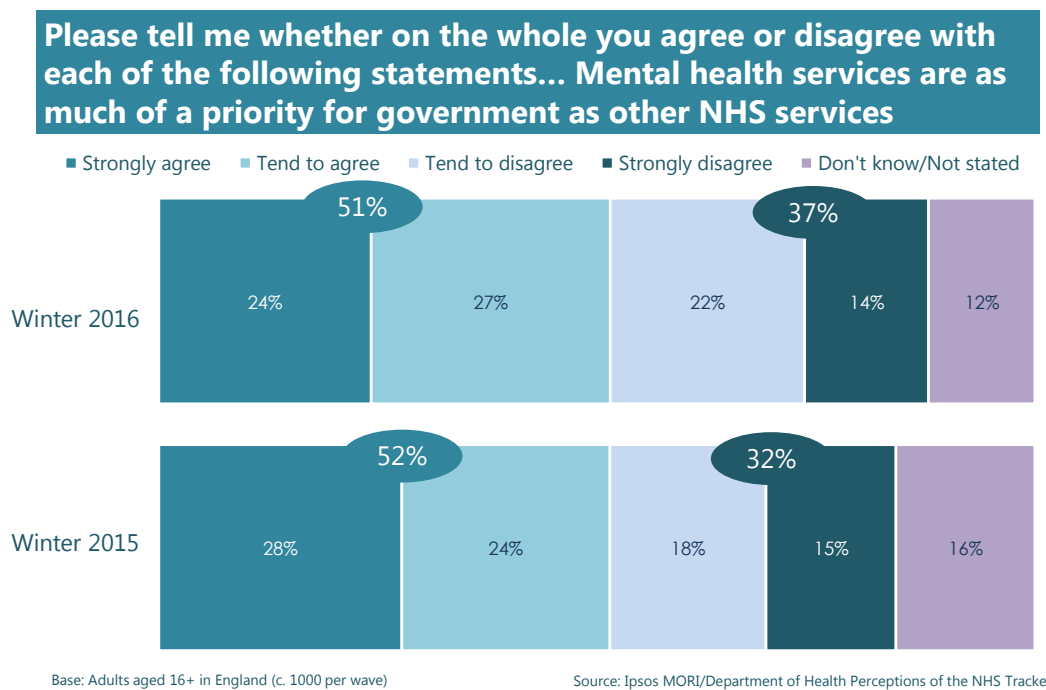


People in social grades AB are more likely than those in social grades C2 and DE to disagree that people are able to get a weekend appointment with a GP (71% of social grades AB disagree compared with 56% of those in social grade C2 and 58% of those in social grades DE).

4.6 Mental health

Half (51%) of the public agree that mental health services are as much a priority for government as other NHS services, and close to four in ten (37%) disagree. The proportion disagreeing has grown since this question was first asked in winter 2015 (from 32%).

Figure 4.9: Agreement with the statement: 'Mental health services are as much of a priority for government as other NHS services'



In line with findings from the winter 2015 wave, people who are positive about aspects of the NHS are more likely to agree that mental health services are as much a priority for government as other NHS services.

- Those who are satisfied with the running of the NHS are more likely to agree than those who are dissatisfied (53% compared with 42%).
- Those who think the NHS will get better over the next few years are more likely to agree than those who think it will get worse (62% compared with 48%).
- Those who think the government has the right policies for the NHS are more likely to agree than those who disagree it does (62% compared with 46%).

NHS funding

5 NHS funding

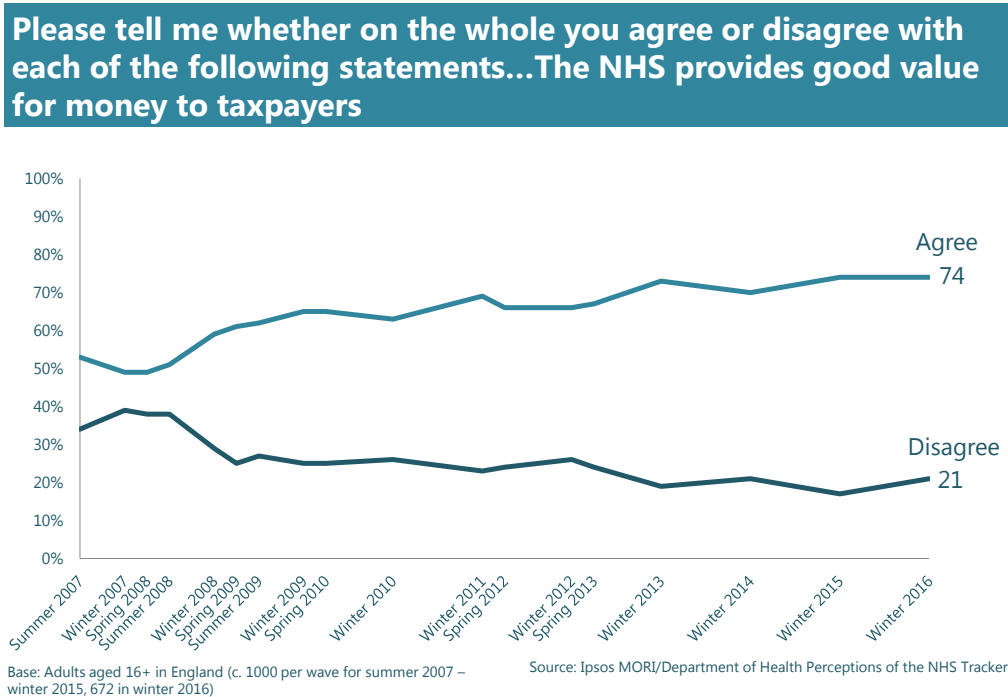
This chapter explores attitudes towards funding of the NHS, including perceptions of value for money, waste and inefficiency and future funding of the service.

5.1 Perceptions of value for money and efficiency

Value for money

Public perception of the value for money the NHS provides has been improving relatively steadily since it was first asked about in 2007. People think the NHS provides good value for money to taxpayers¹⁰. Around three quarters (74%) of the public agree it does; the same proportion as winter 2015 (74%). However, the proportion who disagree that the NHS provides good value for money has increased since last year, with 21% disagreeing now compared with 17% in winter 2015.

Figure 5.1: Agreement with the statement: 'The NHS provides good value for money to taxpayers'



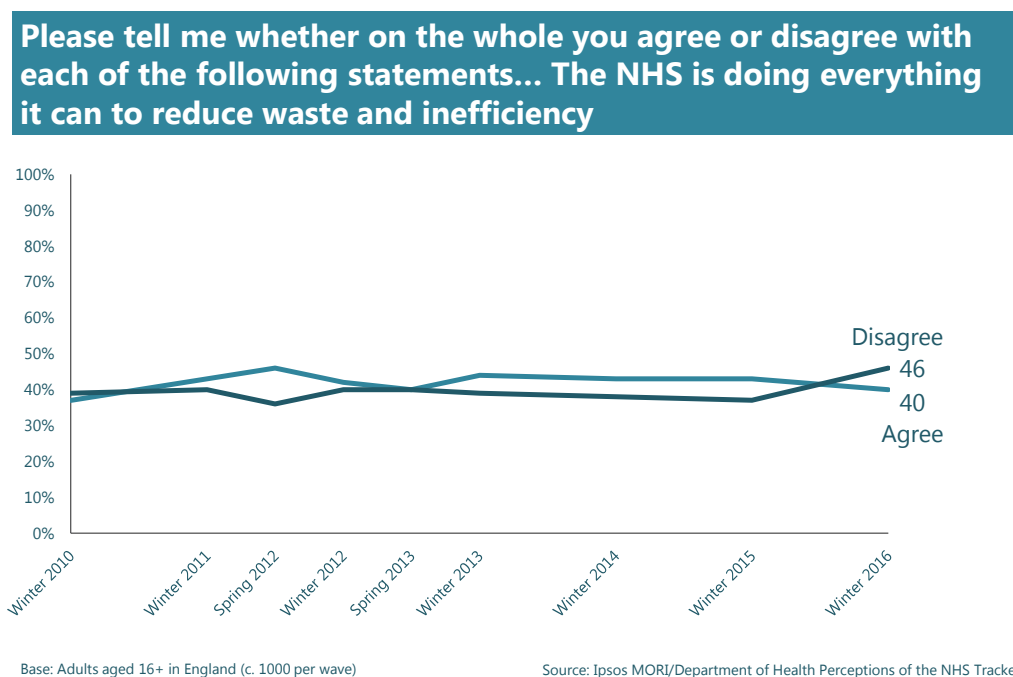
¹⁰ This question was asked of fewer people in winter 2016 than in previous waves (672 people in winter 2016 compared with c. 1000 people per wave in the waves from summer 2007 to winter 2015 inclusive). As a result, the weighting scheme has been adjusted for this question in the winter 2016 wave in order to account for the smaller sample size.

Some variation is seen among people of different social grades, with those in social grades AB more likely than those in social grades DE to agree that the NHS provides good value for money to taxpayers (78% compared with 64%).

Waste and inefficiency

There is less consensus among the public about whether the NHS is doing everything it can to reduce waste and inefficiency, with four in ten (40%) agreeing that it is and a slightly higher proportion (46%) disagreeing. The proportion disagreeing with this statement has increased since winter 2015 (when it was 37%), meaning that (for the first time since winter 2010) more people now disagree with the statement than agree. This rise in the proportion of people disagreeing seems to be driven by more people giving an opinion now than before. Fewer people now say they don't know if the NHS is doing all it can to reduce waste and inefficiency (down 4 percentage points since winter 2015 from 18% to 14%) and more people say they *tend to* disagree that it is (30% now compared with 24% in winter 2015).

Figure 5.2: Agreement with the statement: 'The NHS is doing everything it can to reduce waste and inefficiency'



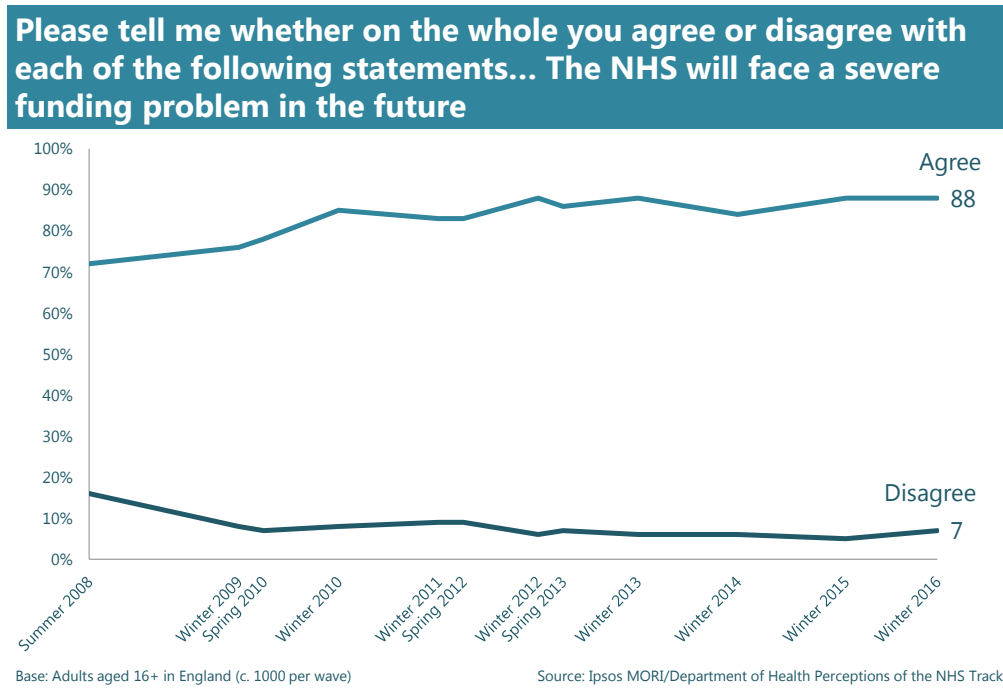
Public views of the NHS's efforts to reduce waste in the NHS vary by age. Younger people are more likely to agree that the NHS is doing everything it can to reduce waste and inefficiency compared with other age groups (60% of those aged 16 to 24 say this compared with 40% overall).

5.2 Future funding

The majority (88%) agree with the statement that the NHS will face a severe funding problem in the future. Less than one in ten (7%) disagree it will. This remains in line with the figures recorded in winter 2015 where 88% agreed

it would face a severe funding problem and 5% disagreed. Agreement that the NHS will face a severe funding problem in the future has always been relatively high but has increased by 16 percentage points since summer 2008 (when 72% agreed).

Figure 5.3: Agreement with the statement ‘The NHS will face a severe funding problem in the future’



There is some variation by social grade. Those in social grades AB are more likely than those in other social grades to agree that the NHS will face a severe funding problem in the future (98% compared with 88% overall).

Patient involvement in treatment and care

6 Patient involvement in treatment and care

This chapter examines the extent to which people feel they have exercised choice and involvement in the treatment and care they receive from the NHS. It also looks at perceptions of choice and involvement on a more general level, as well as awareness of aspects of choice. It concludes by exploring the extent to which people have looked for information about how a local healthcare service is performing.

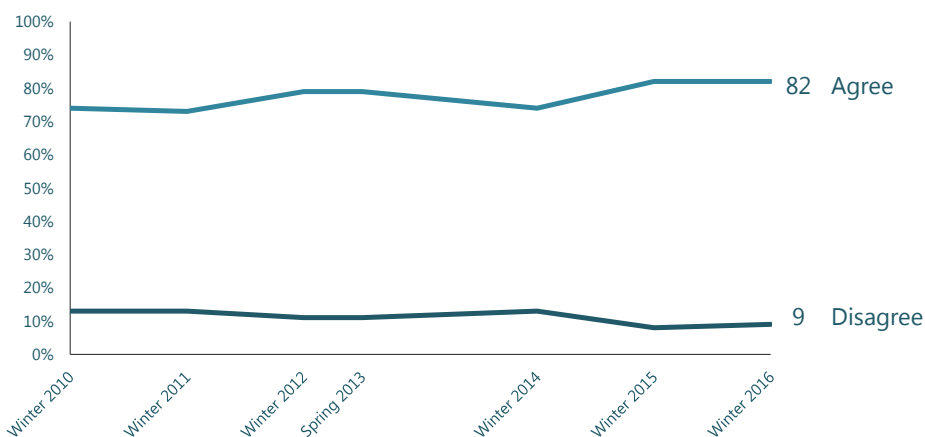
6.1 Personal experience of choice and involvement

Personal involvement in decisions about treatment and care

People are positive about their involvement in decisions about their treatment or care. Around eight in ten (82%) agree that the last time they saw a health professional, they were involved as much as they wanted to be in decisions about their care or treatment. This is the same proportion as agreed in winter 2015 (82%). Responses to this question have changed over time, but have always been more positive than negative.

Figure 6.1: Agreement with the statement: 'I was involved as much as I wanted to be in decisions about my care or treatment'

Thinking back to the last time you saw a health professional, such as a GP or hospital doctor, to what extent would you agree or disagree with the following statement: I was involved as much as I wanted to be in decisions about my care or treatment



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/Department of Health Perceptions of the NHS Tracker

Those who have reached middle age and older are more likely to agree that they were involved in decisions about their treatment or care than younger people (84% of those aged 35 to 54; 85% of those aged 55 to 64, 90% of

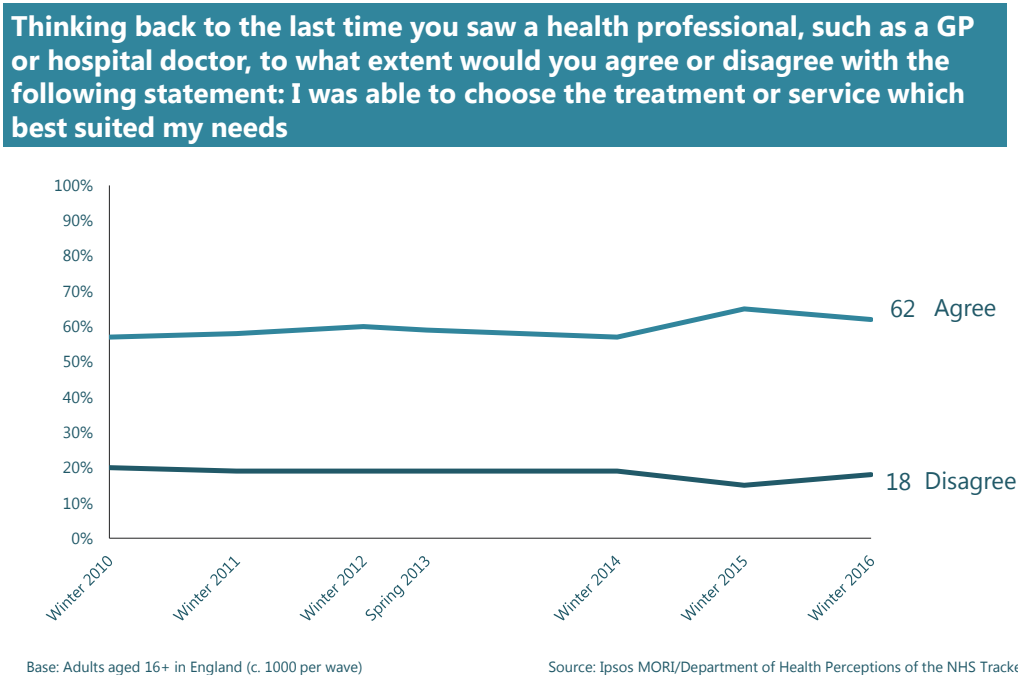
those aged 65 to 74 and 88% of those aged 75 and over agree compared with 74% of those aged 16 to 24 and 75% of those aged 25 to 34).

Those in social grades AB are more likely to agree than those in grades DE that they were involved (85% compared with 77% in grades DE).

Personal experience of choice

People are also positive about of the level of choice they have been able to exercise in their treatment and care. Around two thirds (62%) agree that they were able to choose the treatment or service which best suited their needs the last time they saw a health professional, and this has not changed since winter 2015 (when 65% agreed).

Figure 6.2: Agreement with the statement 'I was able to choose the treatment or service which best suited my needs'

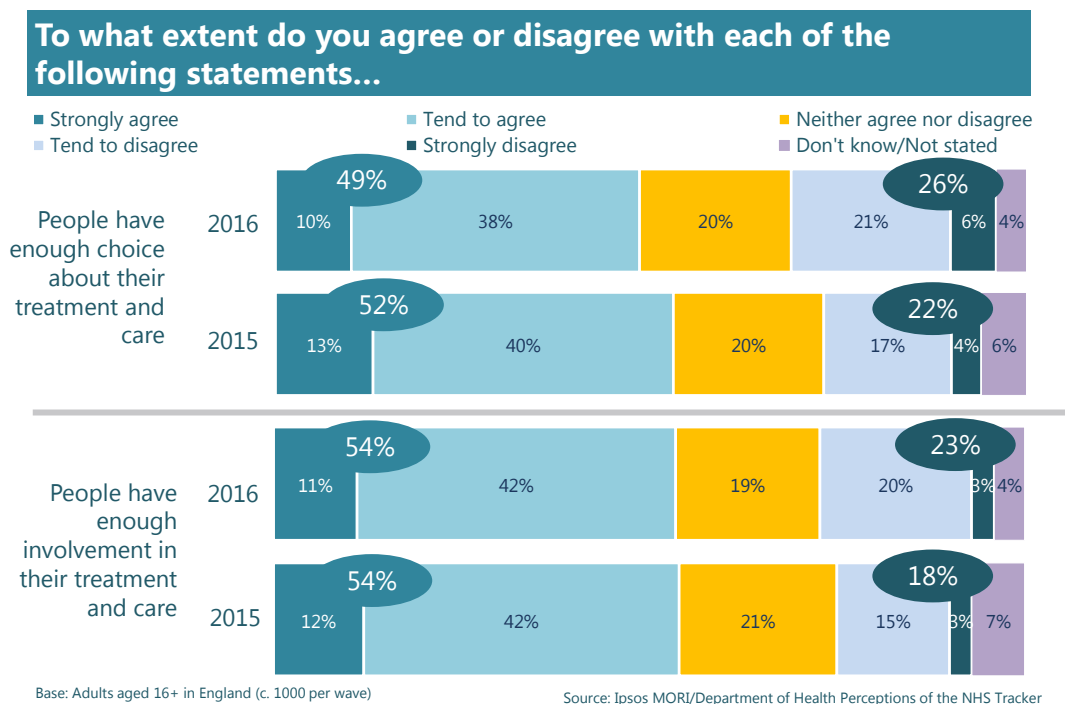


As with perceptions of involvement in care and treatment, there are differences by social grade. Those in social grades DE are more likely than those in other social grades to disagree that they were able to choose the treatment or service which best suited their needs (25%, compared with 18% overall).

6.2 Perceptions of general experience of choice and involvement

While the public are fairly positive about the amount of choice and involvement they have in their own care, they are less positive in their perceptions about the amount of choice and involvement others have. Just over half (54%) of the public agree that ‘people have enough involvement in their treatment and care’ and a similar proportion (49%) agree that ‘people have enough choice about their treatment and care’. These figures have not changed since winter 2015, but the proportion of people disagreeing with both statements has risen.

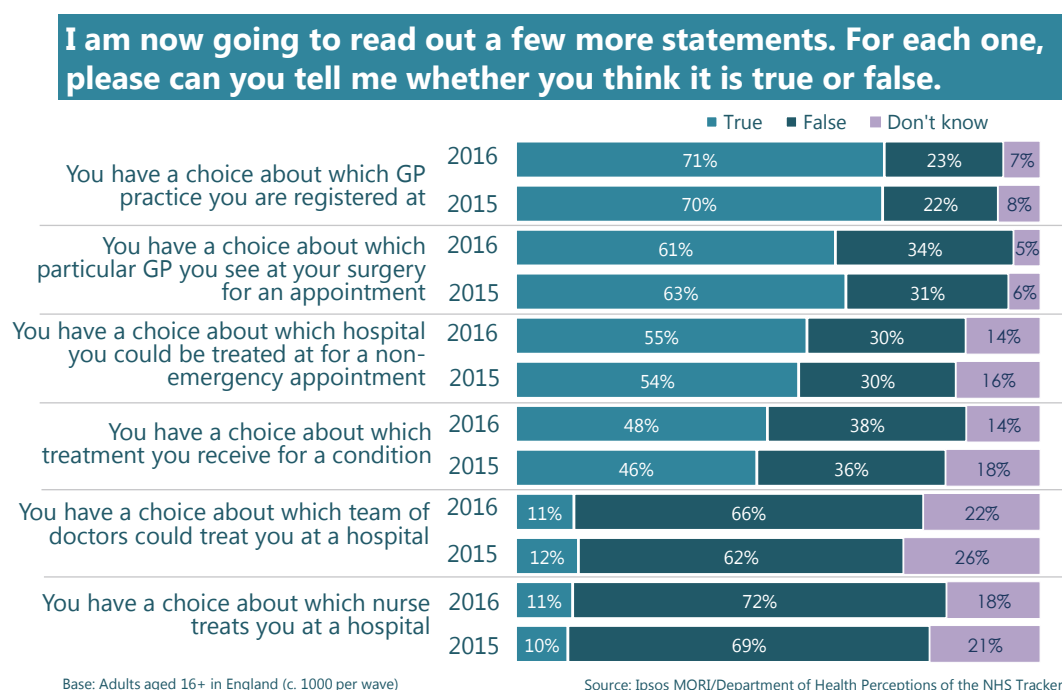
Figure 6.3: Agreement with the statements: ‘People have enough involvement in their treatment and care’ and ‘People have enough choice about their treatment and care’



6.3 Awareness of choice

There are varying levels of awareness of different aspects of choice. The majority of people are aware that they have a choice about which GP practice they are registered at (71%), which particular GP they see at their surgery for an appointment (61%) and which hospital they could be treated at for a non-emergency appointment (55%). Just under half are aware that they have a choice about which treatment they receive for a condition (48%). Yet far fewer (11%) are aware that they have a choice about which team of doctors could treat them at a hospital,¹¹ while the same proportion (incorrectly) believes that they have a choice about which nurse treats them at a hospital.¹²

Figure 6.4: Awareness of choice in the NHS



Those in social grades AB tend to be better informed about the choices that are available than those in other social grades. For example, they are more likely than those in social grades DE to think they have a choice about which GP they see at their surgery for an appointment (66% compared with 56%) and which hospital they can be treated at for a non-emergency appointment (60% compared with 46%). They are also more likely than those in social grades DE to correctly think that they do not have a choice about which nurse treats them at a hospital (76% compared with 67%).

¹¹ People actually have a choice about which 'consultant led team of doctors' treats them at a hospital, rather than which 'team of doctors' treats them at a hospital. The concept of a 'consultant led team' would be too difficult to introduce to participants in a quantitative survey without a lengthy introduction though, and so the phrase 'team of doctors' was used in the question wording.

¹² Choosing which nurse treats you at a hospital is not part of the NHS Choice Framework.

In addition, those who have had recent experience of some NHS services are also more likely to be aware of the choices they can make in relation to them.

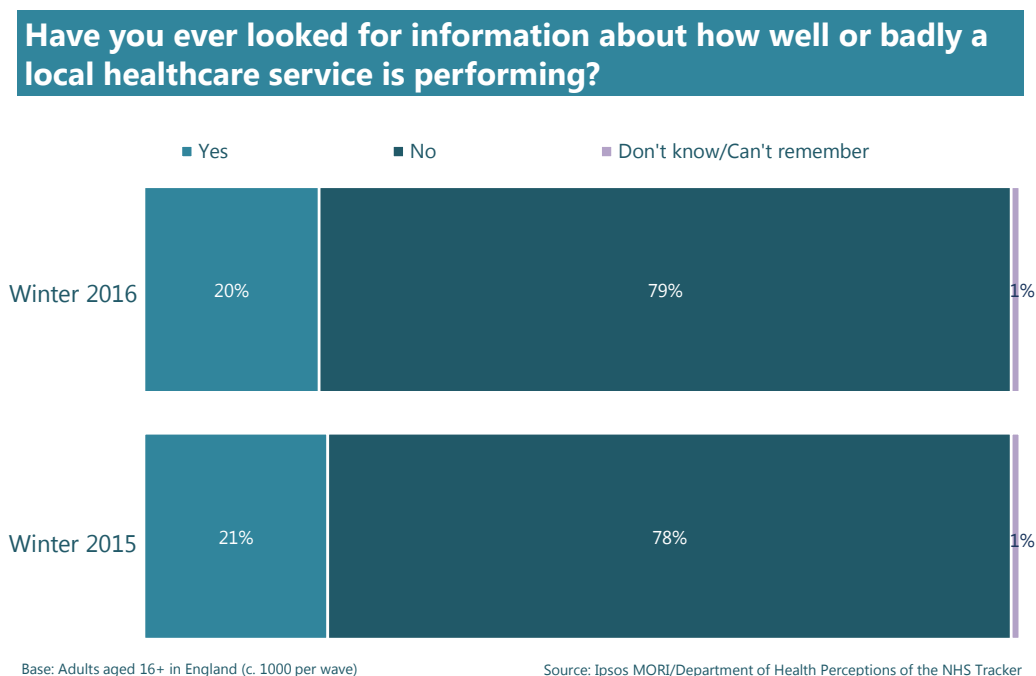
- Those who have used hospital services in the last year are more likely than those who have not to agree they have a choice about which particular hospital they can be treated at for a non-emergency appointment (59% compared with 50%).
- Those who have used NHS Choices or NHS 111 in the last year are more likely than people overall to agree they have a choice about which treatment they receive for a condition (62% and 61% respectively compared with 48%).

People aged 75 and over are more likely than people overall to think they do not have a choice about which treatment they receive for a condition (52% compared with 38%).

6.4 Accessing information about local healthcare service performance

A minority of people (20%) have looked for information about how well or badly a local healthcare service is performing; most (79%) have not. These figures are in line with those from the winter 2015 wave (21% and 78% respectively).

Figure 6.5: Proportion of the public who have looked for information about how well or badly a local healthcare service is performing



Users of some NHS services are more likely than others to have looked for information about how a local healthcare service is performing. Those who have used NHS Choices in the last year, or have called NHS 111 are

more likely than people overall to have done so (33% and 30% compared with 20%), as are those who have been an inpatient at an NHS hospital (26%), or have consulted a pharmacist or chemist in the last year (25%).

There are also some differences by social grade, with those in social grades AB more likely than those in other social grades to have looked for information on how a local healthcare service is performing (32%, compared with 18% in grade C1, 15% in grade C2 and 11% in grades DE).

Feedback and complaints

7 Feedback and complaints

This chapter looks at whether or not the public find it easy to feed back on the service they receive from the NHS and at the extent to which people perceive the NHS to act on the feedback it receives. It then explores whether or not people would feel comfortable making a complaint about NHS services.

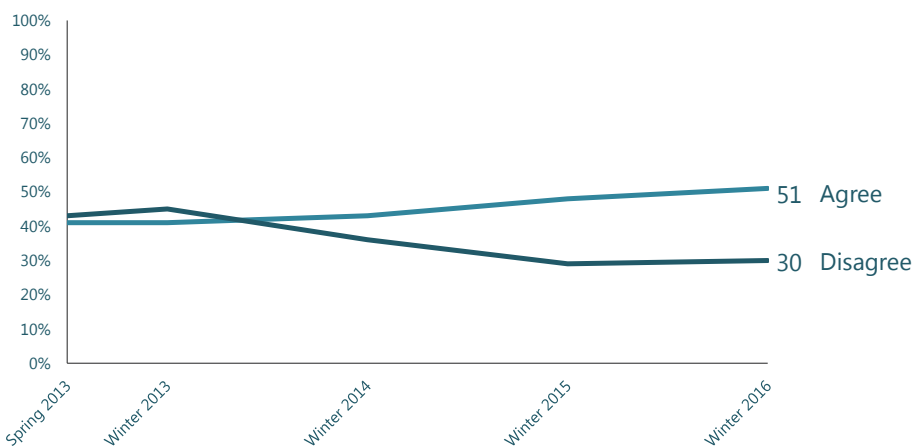
7.1 Attitudes towards feeding back on services

Ease of feeding back

Half of people agree it is easy for people to feed back on the service they receive from the NHS (51%). Although the proportion agreeing has not changed since winter 2015, it has risen by 10 percentage points since the question was first asked in spring 2013 (when 41% agreed). Three in ten people disagree that it is easy for people to feed back about NHS services (30%), the same proportion as last year (29%).

Figure 7.1: Agreement with the statement: 'It is easy for people to feed back on the service they receive from the NHS'

Please tell me whether on the whole you agree or disagree with each of the following statements... It is easy for people to feed back on the service they receive from the NHS



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/Department of Health Perceptions of the NHS Tracker

Older people are more likely than those in other age groups to disagree that it is easy for people to feed back on the service they receive from the NHS (44% of those aged 75 and over disagree, compared with 30% overall).

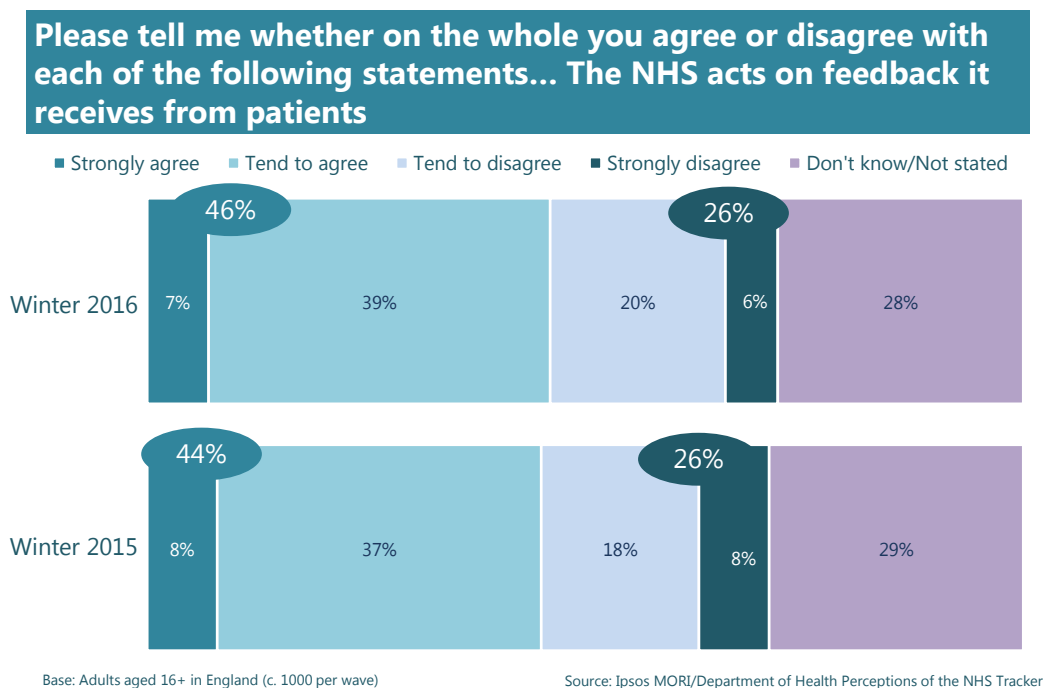
Those who disagree that people are treated with dignity and respect when using NHS services are also more likely to disagree that it is easy to feed back (57%, compared with 25% of those who think people are treated with dignity and respect).

Looking at recent users of specific NHS services, those who have used the NHS Choices website over the last year are more likely to disagree that it is easy to feed back (42%, compared with 30% overall). However, those who have been an inpatient at an NHS hospital over the last year are more likely to agree (59% who have been an inpatient, compared with 51% overall).

Acting on feedback

In line with findings from winter 2015, the public are more likely to agree (46%) than disagree (26%) that the NHS acts on feedback it receives from patients. However, three in ten (28%) say they 'don't know' if it does.

Figure 7.2: Agreement with the statement: 'The NHS acts on feedback it receives from patients'

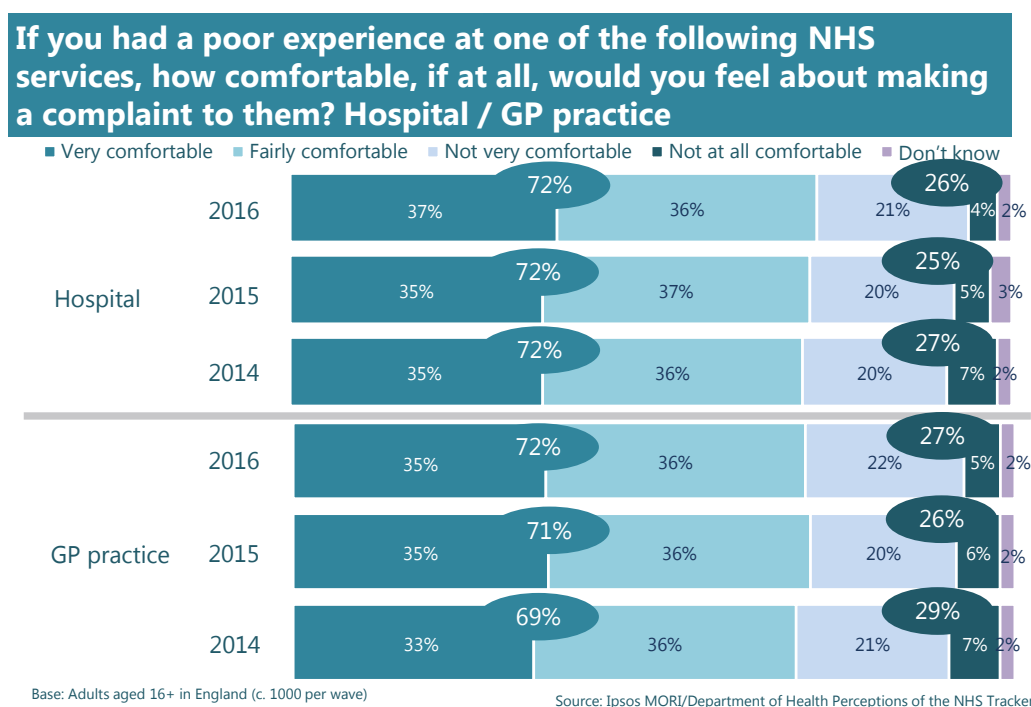


Those who agree that it is easy to feed back about NHS services are more likely to think the NHS acts on feedback it receives from patients (67%, compared with 27% of those who disagree that it is easy to feed back).

7.2 Attitudes towards making a complaint

The majority (72%) of people would feel comfortable making a complaint if they had a poor experience at a GP practice, and the same proportion (72%) say they would feel comfortable making a complaint if they had a poor experience at a hospital. For each setting, around one third say that they would be *very* comfortable making a complaint (35% for GP practices, 37% for hospitals). These findings are consistent with those from winter 2015.

Figure 7.3: Proportions of the public who would feel comfortable making a complaint to a hospital or GP practice



Echoing the findings from winter 2015, older people would feel less comfortable about making complaints than others.

- Those aged 75 and over are more likely than people overall to say they would not feel comfortable making a complaint to a GP practice (40% compared with 27% overall).
- This age group are also more likely to say they would not feel comfortable at all making a complaint to a hospital (11% of those aged 75 and over say this compared with 4% overall).

There are also differences by social grade, with those in social grades AB more likely than others to say they would feel comfortable making a complaint to a hospital (80% compared with 72% overall). They are also more likely than those in social grades C1 and DE to say they would feel comfortable making a complaint to a GP practice (78% of those in social grades AB say this compared with 70% of those in social grade C1 and 65% of those in social grades DE).

Changes to the NHS

8 Changes to the NHS

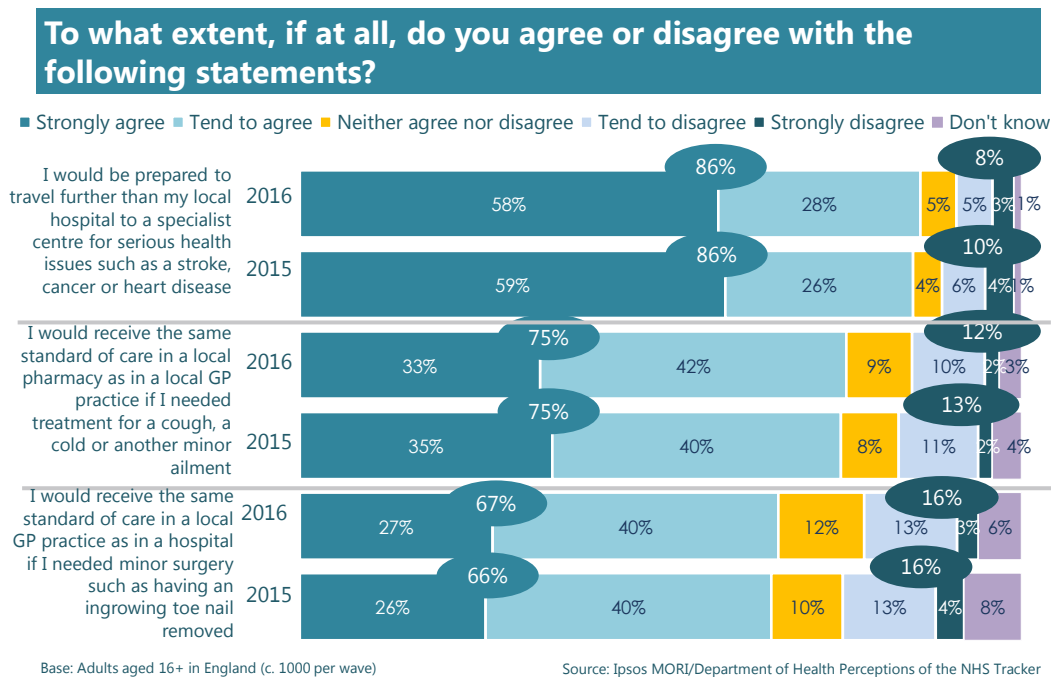
This chapter explores the public’s attitudes to new models of care. It then examines how people currently tend to contact the NHS, as well as what they would find useful.

8.1 New models of care

The Five Year Forward View,¹³ published in October 2014, set out a new shared vision for the future of the NHS based around new models of care. Attitudes towards these new models of care are positive, and remain unchanged since winter 2015.

Close to nine in ten (86%) agree that they would be prepared to travel further than their local hospital to a specialist centre for serious health issues such as a stroke, cancer or heart disease. Three quarters (75%) agree that they would receive the same standard of care in a local pharmacy as in a local GP practice if they needed treatment for a cough, a cold or another minor ailment. Two thirds (67%) agree that they would receive the same standard of care in a local GP practice as in a hospital if they needed minor surgery such as having an ingrowing toe nail removed.

Figure 8.1: Attitudes towards new models of care



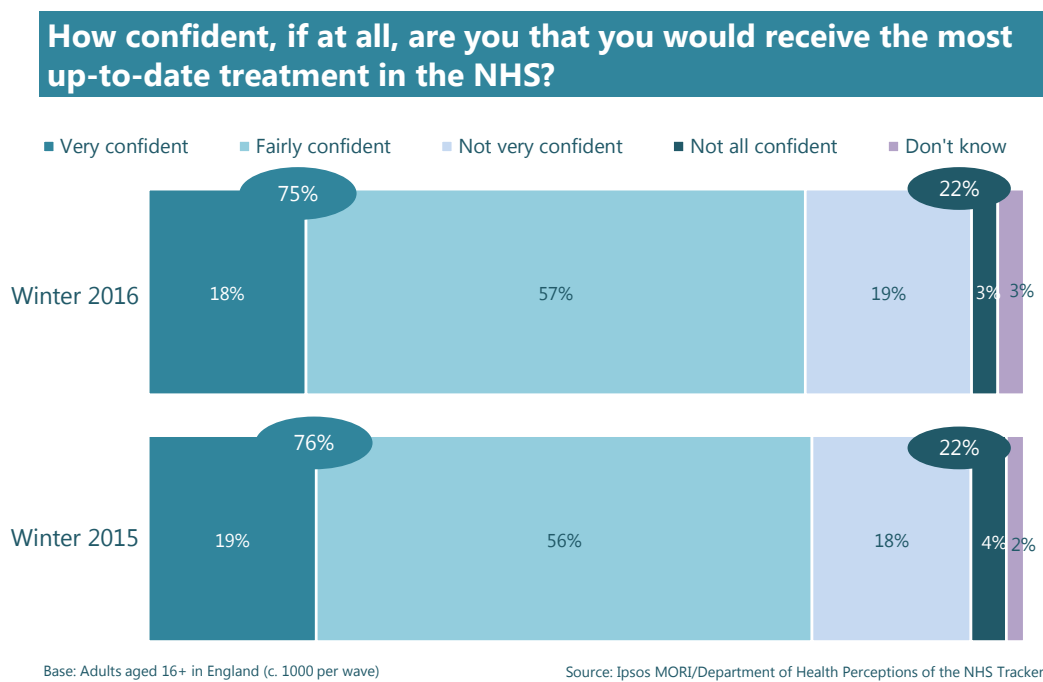
¹³ The Five Year Forward View, NHS England, 23 October 2014, <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>

People aged 75 and over are less likely than others to agree that they would be prepared to travel further than their local hospital to a specialist centre for serious health issues (75% compared with 86% overall). In contrast, people in social grades AB are *more* likely to agree they would be prepared to travel further (94% compared with 86% overall).

Receiving up-to-date treatment

The majority (75%) of people are confident that they would receive the most up-to-date treatment on the NHS. This remains unchanged from winter 2015, when 76% said they felt confident that this was the case.

Figure 8.2: Confidence in NHS treatment being the most up-to-date



People aged 75 and over are more likely to be confident that the treatment they receive from the NHS is the most up-to-date (88% compared with 75% overall).

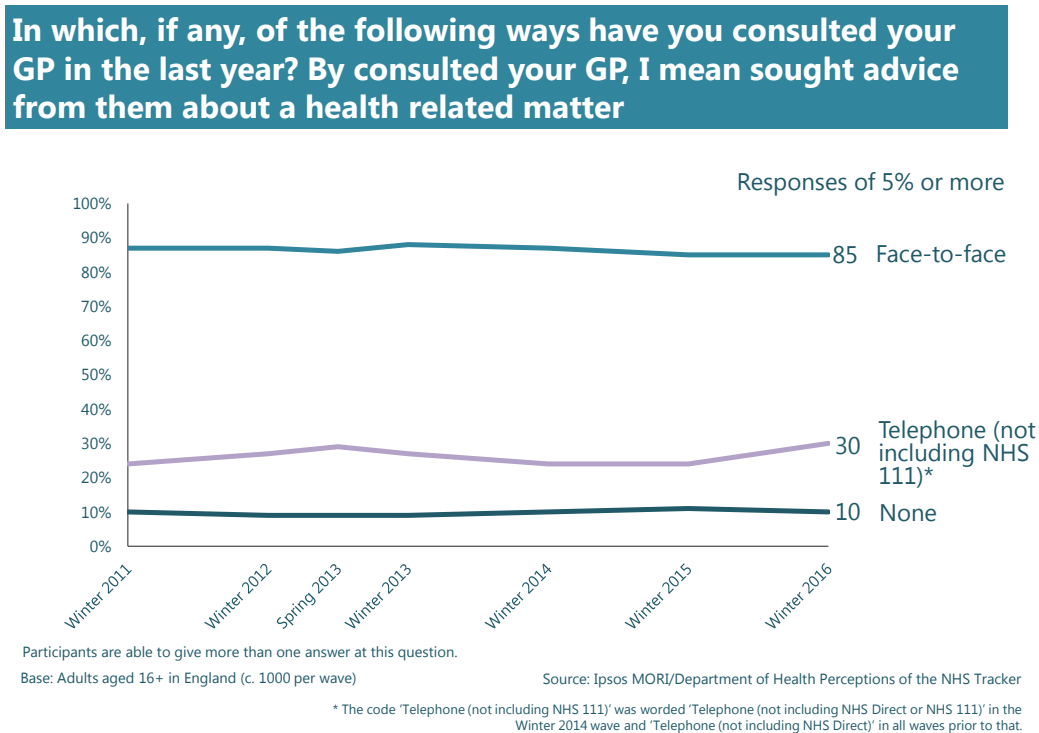
8.2 Use of new NHS communication channels

GP consultations

Most people (85%) continue to consult their GP face-to-face, and this proportion has not changed since the question was first asked in winter 2011. There has been an increase in the proportion of people who say they have consulted their GP over the phone (not including NHS 111) since winter 2015 (from 24% to 30%), though the proportion saying this has fluctuated between 24% and 29% over the last five years.

In line with winter 2015, the proportion who have consulted their GP via email (2%), a voice or video call from the internet (1%) or another online method such as an online form (2%) remains low.

Figure 8.3: Ways in which people have consulted their GP in the last year



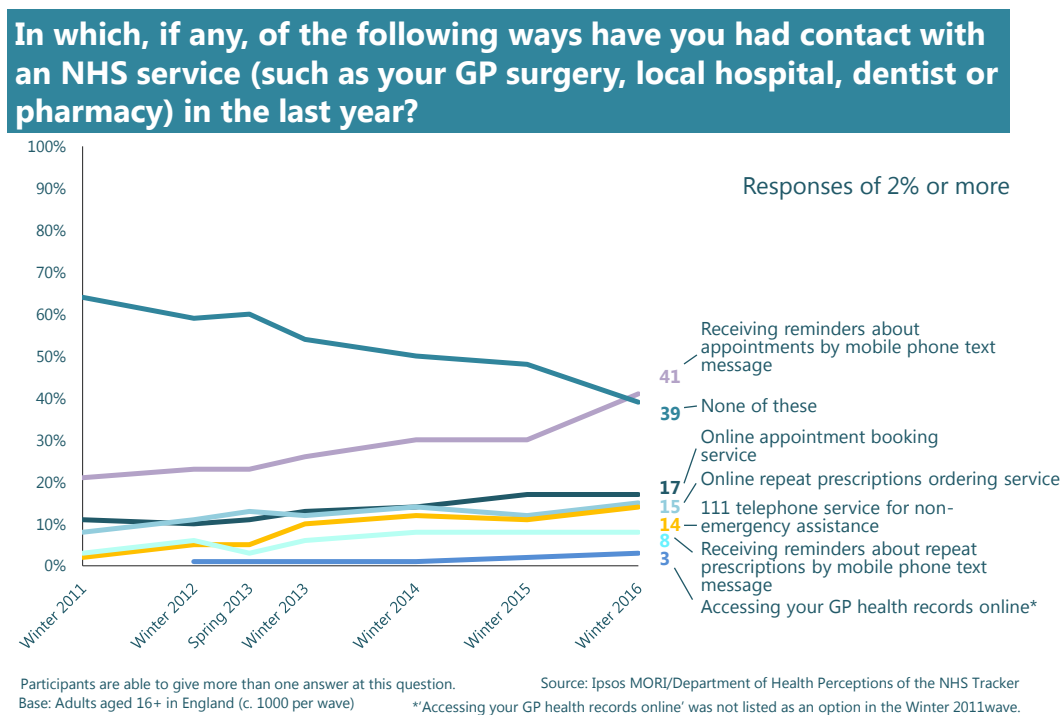
Contacting the NHS

As well as monitoring the ways in which people are consulting GPs, this survey also tracks how many people are contacting NHS services in general in new ways. The most common of the new methods asked about remains receiving text message reminders about appointments (41%), and the proportion who say they have received these has increased by 11 percentage points since winter 2015 (when it was 30%).

There have been increases over time in the proportion who have used online repeat prescription ordering services (from 8% in winter 2011 to 15% in winter 2016) and the proportion who have used the 111 telephone service for non-emergency assistance (from 2% in winter 2011 to 14% in winter 2016). The proportion who have used an online booking service remains unchanged since winter 2015 (17%), though is now higher than when the question was first asked in winter 2011.

There has been a decrease in the proportion saying that they have not used any of the communication methods asked about (39%, compared with 48% in winter 2015 and 64% when the question was first asked in winter 2011).

Figure 8.4: Ways in which people have had contact with an NHS service in the last year



Those in social grades AB are more likely than those in other social grades to say that they have contacted the NHS using some of these methods, namely:

- an online appointment booking service (25% of people in social grades AB compared with 17% overall); and
- online repeat prescriptions (24% of people in social grades AB compared with 15% overall).

The following groups are more likely than people overall to say that they have not contacted NHS services via any of the methods asked about:

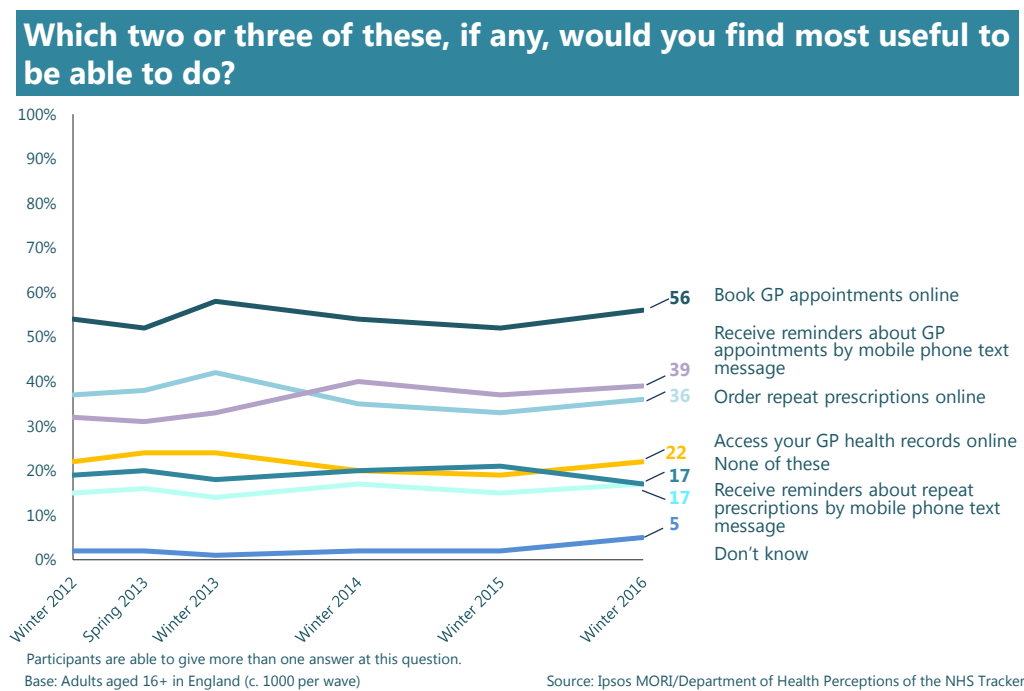
- people aged 75 and over (59% compared with 39% overall); and
- those in social grades DE (48% compared with 39% overall).

Communication preferences

A follow-up question was asked to find out which new methods of communicating with the NHS people would find most useful to be able to do. In line with findings from previous years, people are most likely to say that they would find it useful to be able to book GP appointments online (56%). Around four in ten (39%) people would find text message reminders about GP appointments most useful, while a slightly smaller proportion (36%) would like to be able to order repeat prescriptions online.

There has been a decrease in the proportion who say that they would not find any of the communications channels listed useful, from 21% in winter 2015 to 17% this year. Looking across time, however, the proportion saying this has remained relatively stable.

Figure 8.5: Most useful methods of communication



As was the case in winter 2015, the groups which are more likely to say they would not find any of the new methods of contacting NHS services useful are the same as those who have not actually used any of them in the last year, namely:

- older people (36% of those aged 65 to 74 and 56% of those aged 75 and over say they would not find any of these new methods useful, compared with 17% overall); and

- people in social grades DE (27% compared with 17%).

Public health

9 Public health

This chapter discusses the biggest perceived health problems facing the public and then moves on to focus specifically on one of these: obesity. Perceptions of the government's role and effectiveness in tackling obesity are explored. The chapter also presents the findings from new questions about childhood obesity asked for the first time in this wave of the survey.

9.1 The biggest perceived health problems facing people today¹⁴

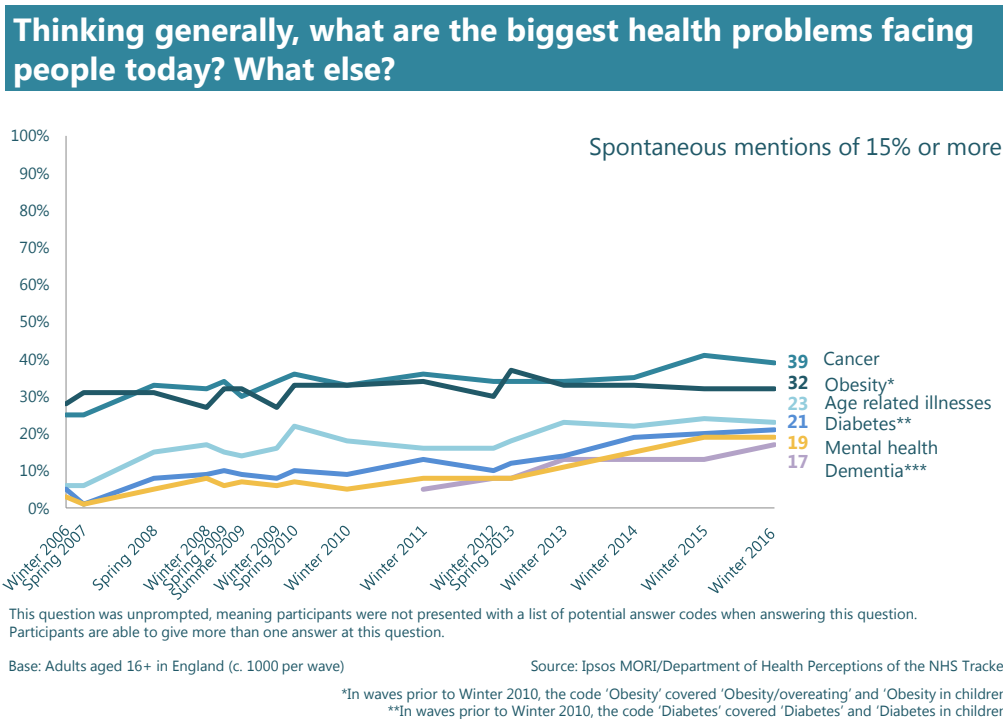
Cancer (39%), obesity (32%) and age-related illnesses (23%) remain the top three biggest perceived health problems facing people today, which people spontaneously mention. These health problems are mentioned by similar proportions as in winter 2015.

However, the proportion of people citing dementia has increased, with 17% mentioning it now compared with 13% in winter 2015. Dementia was first mentioned by survey participants in winter 2011 (when 5% gave this answer), and the proportion mentioning it has increased fairly steadily since then. The sharp increase between winter 2015 and winter 2016 could potentially be linked to the Office of National Statistics releasing figures during the fieldwork period for this wave which received fairly wide coverage and which showed that dementia is now the leading cause of death in England and Wales having overtaken heart disease¹⁵.

Public health problems such as alcohol abuse, smoking/smoking related illnesses and drug abuse have all seen a fall in the proportions which see them as among the biggest health problems facing people today. Both alcohol abuse and smoking/smoking related illnesses have dropped from 13% in winter 2015 to 10% now, while drug abuse has dropped from 10% to 7%.

¹⁴ This question was unprompted, meaning participants were not presented with a list of potential answer codes when answering this question.

¹⁵ Deaths registered in England and Wales (Series DR): 2015, ONS (2015), released 14th November 2016, available at: [file:///C:/Users/harriet.fowler/Downloads/Deaths%20registered%20in%20England%20and%20Wales%20\(Series%20DR\)%202015.pdf](file:///C:/Users/harriet.fowler/Downloads/Deaths%20registered%20in%20England%20and%20Wales%20(Series%20DR)%202015.pdf)

Figure 9.1: The biggest perceived health problems facing people today

There are some differences in perceptions of the biggest health problems facing people today among different groups.

- Those aged 75 and over tend to be more concerned about dementia than other age groups. Just under three in ten (29%) cite dementia as one of the biggest health problems, compared with close to one in six (17%) who say this overall.
- Those aged 55 to 64 (37%) and 75 and over (35%) are more likely to cite age-related illnesses as one of the biggest problems (compared with 23%) overall.
- Those in social grades AB are more likely to be concerned about obesity and age-related illnesses. Just under half (48%) cite obesity as one of the biggest health problems compared with around a third (32%) overall. Just over a third (34%) say age-related illnesses are one of the biggest health problems compared with just under a quarter (23%) overall.

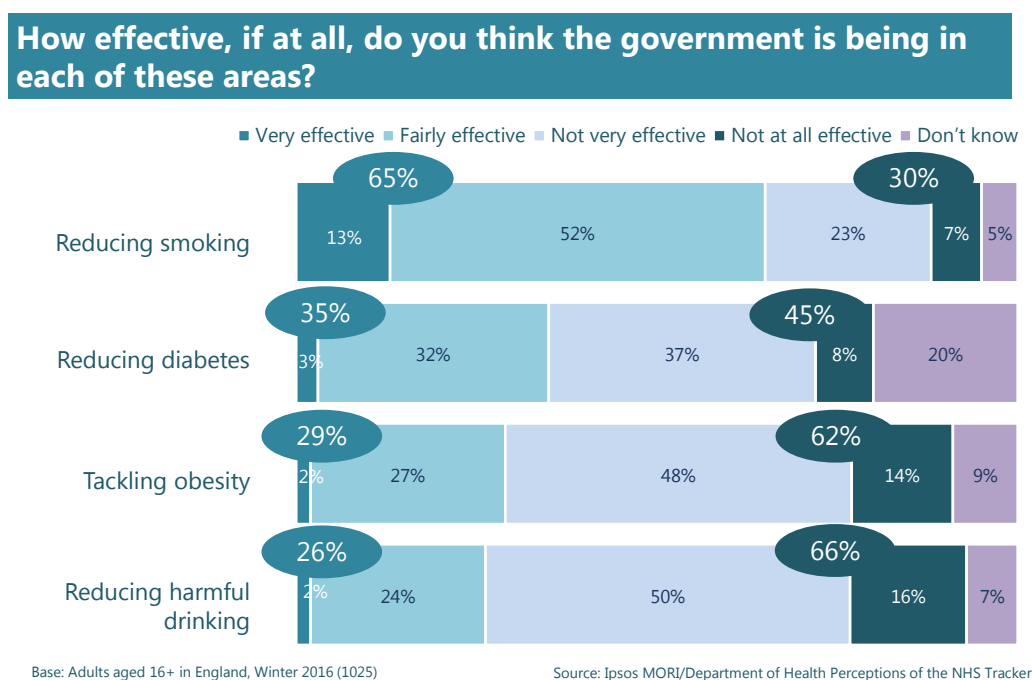
9.2 Perceptions of the government's effectiveness in tackling public health issues

In winter 2015 the survey asked for the first time how effective people think the government has been at tackling obesity, reducing smoking, reducing harmful drinking and reducing diabetes. Looking at perceptions of the government's effectiveness at tackling these public health issues, the government continues to be seen as most effective in reducing smoking. Two thirds (65%) say it has been effective while three in ten say it has not (30%).

The government is thought to have been less effective around reducing obesity, harmful drinking, and diabetes, with higher proportions saying it has been ineffective than effective in each of these three areas. Around a third (35%) think the government is being effective in reducing diabetes, around three in ten (29%) think it is being effective in tackling obesity and around a quarter (26%) think it is being effective at reducing harmful drinking.

Despite smaller proportions saying the government has been effective at tackling obesity and reducing diabetes compared with reducing smoking, both have seen increases in the proportion who say the government has been effective compared with winter 2015. Effectiveness in tackling obesity has risen six percentage points since winter 2015 (23% to 29%). Effectiveness in reducing diabetes has risen by five percentage points (30% to 35%).

Figure 9.2: Perception of the government's effectiveness in tackling a range of public health issues



People aged 16 to 24 are more likely to think the government is being effective in tackling obesity. Just under half say the government has been effective here compared with 29% overall.

There are also differences by social grade:

- 71% of people in social grades AB think the government has been ineffective in tackling obesity compared with 62% overall.

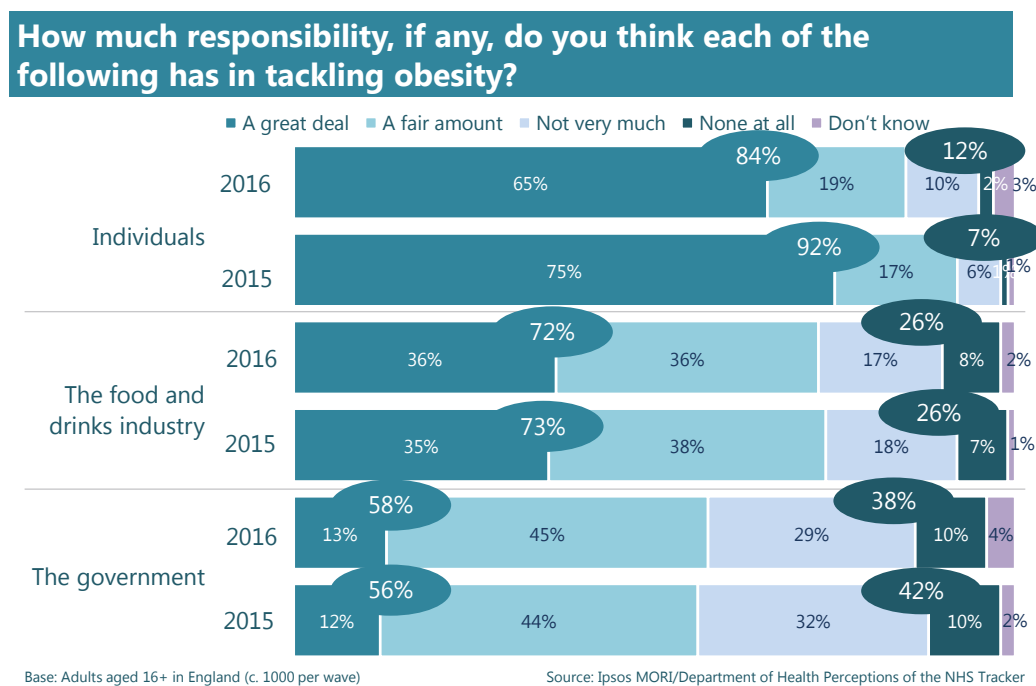
- 55% of people in social grades AB think the government has been ineffective in reducing diabetes compared with 45% overall.
- However, people in social grades AB are more likely than others to think the government has been effective in reducing smoking (73% say it is being effective compared with 65% overall).

9.3 Perceptions about obesity

The survey also asks about levels of responsibility for tackling obesity. As in winter 2015, individuals are considered to have the most responsibility in tackling obesity, more so than the food and drinks industry and the government¹⁶. Just over eight in ten (84%) think that individuals have a great deal/a fair amount of responsibility in tackling obesity compared with just over seven in ten (72%) for the food and drinks industry and just under six in ten (58%) for the government.

Although individuals are still considered to have most responsibility for tackling obesity, a smaller proportion say they have a great deal/a fair amount of responsibility than in winter 2015 (84%, down from 92% in winter 2015).

Figure 9.3: Perceptions of responsibility in tackling obesity



¹⁶ Participants were asked how much responsibility each of the government, the food and drinks industry and individuals have in tackling obesity (a great deal, a fair amount, not very much or none at all). Where respondents assigned the same level of responsibility to two or more of the groups, they were then asked which they thought has the biggest role in tackling obesity. Those that gave the same answer about all three groups at the first question were subsequently asked which they thought has the smallest role.

Those who apportioned equal responsibility for tackling obesity among two or more of the following: individuals, the food and drinks industry and the government, were asked to select which they think has the biggest role and (if applicable) the smallest role to play in tackling obesity. The results support the overall picture, with just over six in ten (62%) thinking that individuals have the biggest role to play, a quarter (25%) thinking the food and drinks industry does, and just under one in ten (9%) thinking the government does.

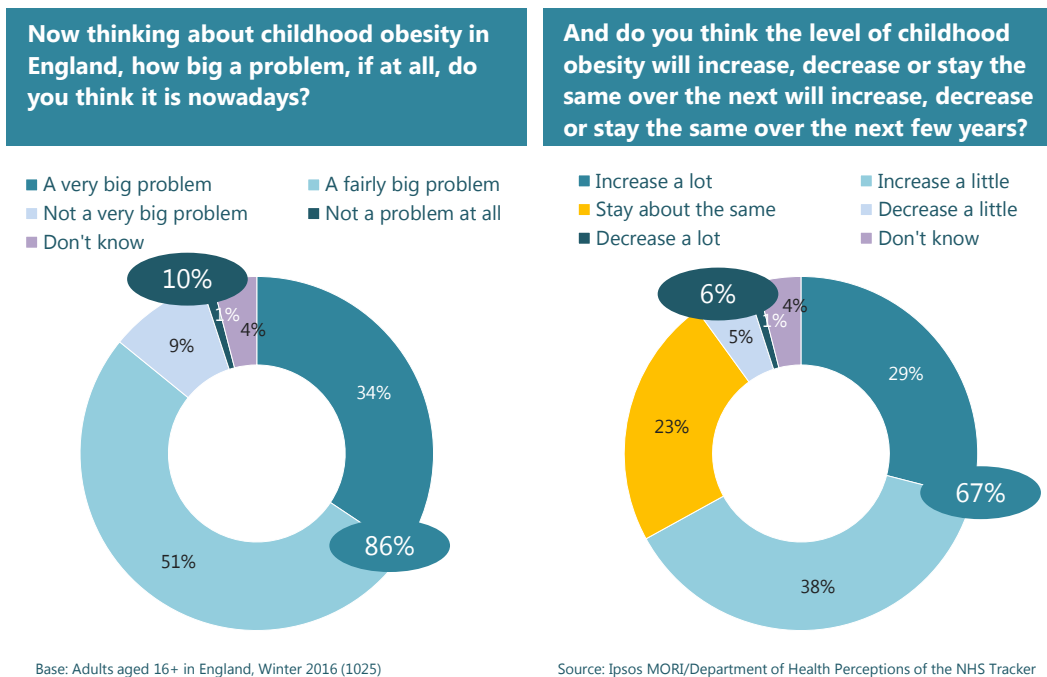
9.4. Perceptions about childhood obesity¹⁷

Perceptions of current and future levels of childhood obesity in England

Concern about childhood obesity is high. Close to nine in ten (86%) think it is a very or fairly big problem nowadays, while only one in ten (10%) say it not a very big problem or not a problem at all.

When thinking about the future, people are not optimistic about what will happen to levels of childhood obesity. Two thirds (67%) think levels of childhood obesity will increase over the next few years, while fewer than one in ten (6%) think it will decrease. Around a quarter (23%) think it will stay the same.

Figure 9.4: Perceptions of childhood obesity



There are some differences in perceptions about childhood obesity by age.

¹⁷ The questions reported on in section '9.4 Perceptions of childhood obesity' were asked for the first time in the winter 2016 wave of the survey.

- People in the youngest age group are more likely than any other age group to think that childhood obesity is not a very big problem or not a problem at all. Two in ten (21%) 16 to 24 year olds think it is not a very big problem or not a problem at all compared with one in ten (10%) people overall.
- People aged 75 and over are more likely than others to say levels of childhood obesity will decrease in the future (13% think they will decrease compared with 6% overall).
- People aged 35 to 54 are most likely to think the levels of childhood obesity will increase in the next few years (74% aged 35 to 54 say they will increase compared with 67% overall).

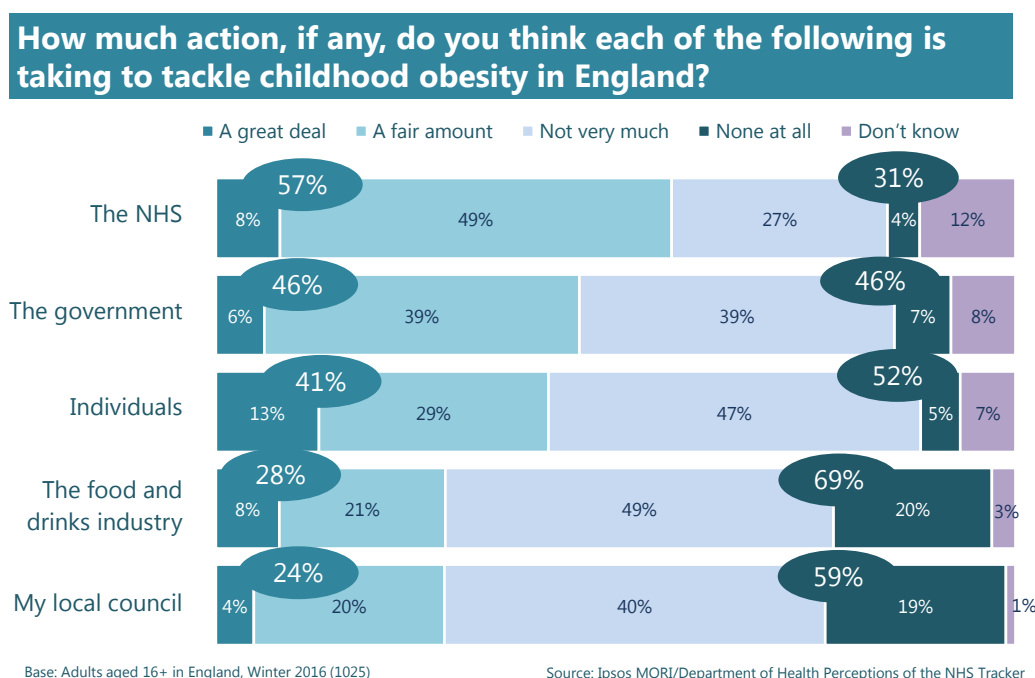
Perceptions of how much action is being taken to tackle childhood obesity

The survey also asks people to consider how much action the government, the food and drinks industry, individuals, local councils and the NHS are taking to tackle childhood obesity. The NHS is considered to be doing most to tackle childhood obesity, with just under six in ten (57%) saying it is doing a great deal or fair amount.

Public opinion is more split on whether the government is doing enough to tackle childhood obesity with the same proportions saying that it is taking a great deal/a fair amount (46%) of action and that is taking not very much action or no action at all (46%).

Over half of people think that each of individuals (52%) and their local council (59%) are not taking very much action or are taking no action at all to tackle childhood obesity. The food and drinks industry is seen to be doing the least to tackle childhood obesity. Just under seven in ten (69%) say they are not taking very much action or any action at all.

Figure 9.5: Perceptions of how much action is being taken to tackle childhood obesity



Younger people are particularly likely to say that the NHS is doing a great deal or a fair amount to tackle childhood obesity (68% of those aged 16 to 24 compared with 57% overall).

Perceptions of whether enough is being done to tackle childhood obesity

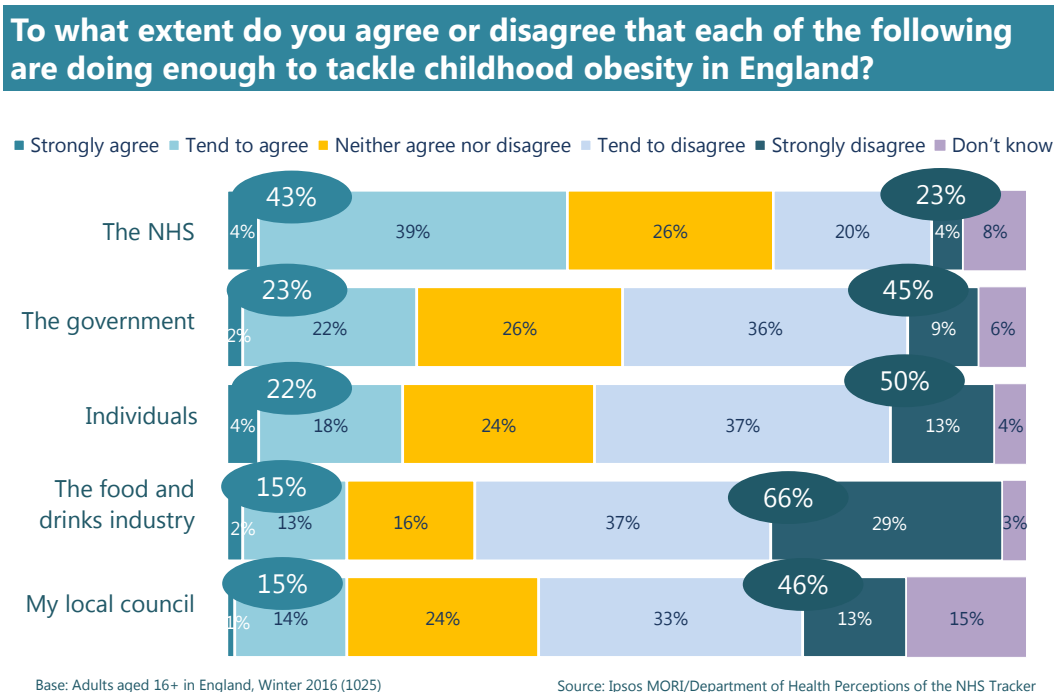
In the same way that the NHS is felt to be taking more action to tackle childhood obesity than any of the other groups asked about, people are also more likely to agree that the NHS is doing enough to tackle the problem. Around four in ten (43%) agree that the NHS is doing enough to tackle childhood obesity in England and less than a quarter (23%) disagree.

When asked about the government, the food and drinks industry, individuals or their local council, the public is more likely to say they are *not* doing enough than that they are doing enough.

Similar proportions agree that the government (23%) and individuals (22%) are doing enough to tackle childhood obesity. Fewer think that their local council (15%) and the food and drinks industry (15%) are doing enough. Two thirds (66%) think the food and drinks industry is *not* doing enough to tackle childhood obesity, more than any other group of people.

Across all responsible parties a significant minority (generally around a quarter) neither agree nor disagree that each of the responsible parties are doing enough to tackle childhood obesity.

Figure 9.6: Perceptions of whether enough is being done to tackle childhood obesity



Women are more likely than men to agree that the food and drinks industry is doing enough to tackle childhood obesity (18% compared with 13%).

There are also some differences by social grade:

- people in social grades AB (74%) and C1 (72%) are more likely to disagree that the food and drinks industry is doing enough to tackle childhood obesity than people in social grades C2 (58%) and DE (54%); and
- people in social grades AB (53%) are more likely than people in social grades DE (20%) to disagree that their local council is doing enough.

These differences are sometimes due to higher proportions of people in social grades C2 and DE saying they 'don't know'.

Social care: perceptions of current services

10 Social care: perceptions of current services

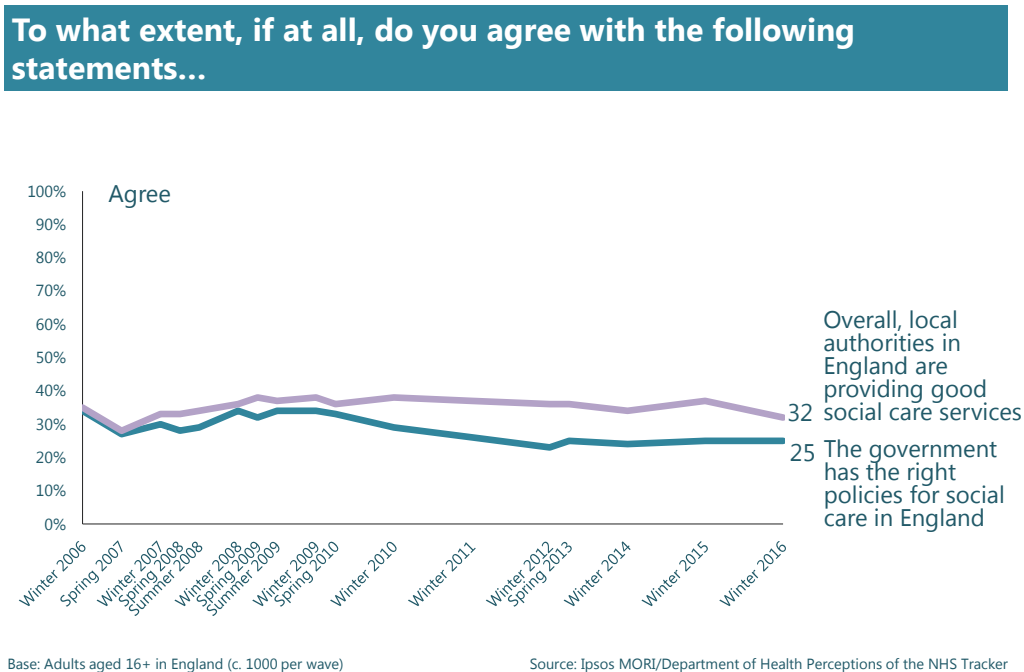
This chapter examines perceptions of social care services, perceptions of government policies for social care, and views about how well social care services work with NHS services.

10.1 Perceptions of social care services and policies

Public perceptions of social care services are slightly more positive than public perceptions of the government's policies for them. Around three in ten (32%) agree that, overall, local authorities in England are providing good social care services, while a quarter (25%) agree that the government has the right policies for social care in England.

However, fewer now agree that local authorities in England are providing good social care services than in winter 2015 (down from 37% in winter 2015 to 32% now). This is at the lowest level seen since spring 2007, when 28% agreed that local authorities were providing good social care services. The proportion who agree that the government has the right policies for social care in England has remained stable since winter 2015.

Figure 10.1: Perceptions of social care services and policies



People aged 65 to 74 are the most negative about social care services:

- 58% disagree that the government has the right social care policies (compared with 46% of people overall)¹⁸; and
- 50% disagree that local authorities in England are providing good social care services (compared with 40% of people overall).¹⁹

In contrast, people aged 16 to 24 are most positive about social care services:

- 41% agree the government has the right social care policies (compared with 25% overall); and
- 46% agree that local authorities are providing good social care services (compared with 32% overall).

Possibly linked to differences by age, there are differences in the perceptions of social care services depending on whether or not individuals experience social care (either personally or via members of their household, family or friends) and whether or not they are informal carers. Social care users and informal carers are both more negative about social care, as they were in winter 2015.

- 58% of those with experience of social care services think the government does not have the right social care policies (compared with 40% of those without experience of social care services). Similarly, 48% of people with experience of social care services do not think that local authorities in England are providing good social care services (compared with 36% of those without experience of the services).²⁰
- Among informal carers, 56% think the government does not have the right social care policies (compared with 43% of those without caring responsibilities). Informal carers are also more likely to say that local authorities in England are not providing good social care (48% compared with 37% of those without caring responsibilities).²¹

However, social care users and informal carers are as likely to agree with each statement as people without experience of social care services or without caring responsibilities. People who do not use social care or who are not informal carers are more likely to be neutral and say they don't know.

¹⁸ This age group was also significantly more likely than people overall to disagree in winter 2015, when 51% disagreed that the government had the right policies for the NHS (compared with 42% overall).

¹⁹ This age group was also significantly more likely than people overall to disagree in winter 2015, when 50% disagreed that local authorities were providing good social care services (compared with 35% overall).

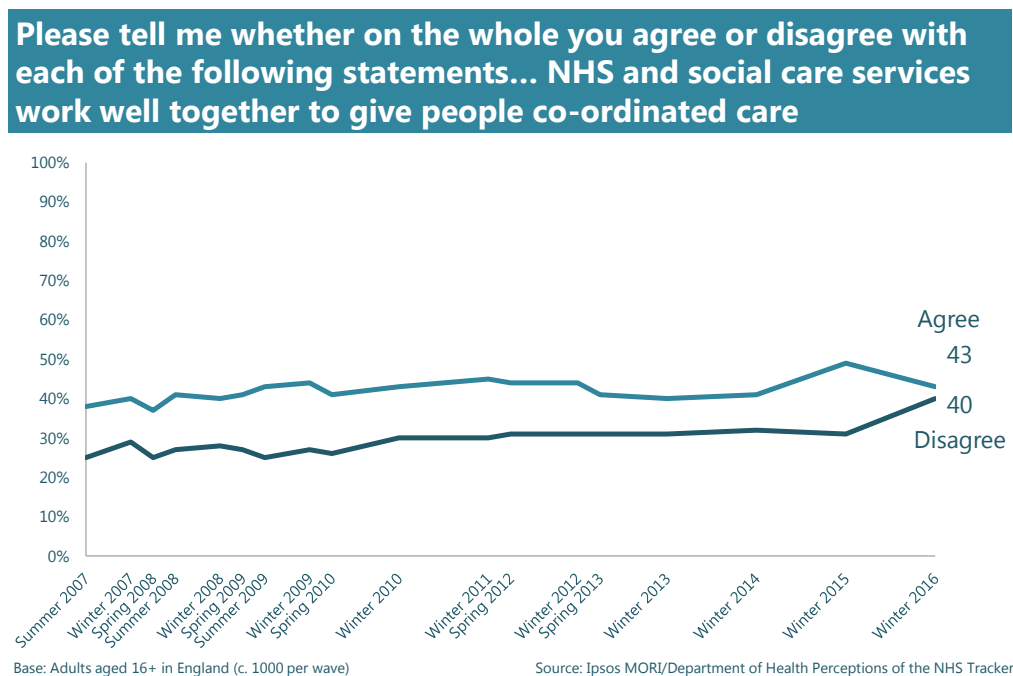
²⁰ In winter 2015, 54% of those with experience of social care services thought that the government did not have the right social care policies (compared with 37% of those without experience of social care services). 42% of those with experience of social care services did not think that local authorities in England were providing good social care services locally (compared with 31% of those without experience of social care).

²¹ In winter 2015, 53% of informal carers thought that the government did not have the right social care policies (compared with 38% of those without caring responsibilities). 47% of informal carers did not think that local authorities in England were providing good social care services locally (compared with 30% of those without caring responsibilities).

10.2 Perceptions of co-ordinated care

Public opinion is divided on whether or not NHS and social care services work well together to give people co-ordinated care. Around four in ten (43%) agree that they do, while a similar proportion (40%) think they do not. A smaller proportion now agree that the NHS and social care services work well together than in winter 2015 (when 47% agreed) and a bigger proportion now disagree (31% in winter 2015 compared with 40% now). Compared with winter 2015 the public have therefore become more evenly split over whether they agree or disagree with the statement. Prior to winter 2015, the proportion agreeing had remained relatively stable, fluctuating from 38% in summer 2007 to 41% in winter 2014.

Figure 10.2: Agreement with the statement: 'NHS and social care services work well together to give people co-ordinated care'



Some of the same groups of people who are more negative about social care services and government policies for them are also more likely to be negative about whether NHS and social care services work well together to give people co-ordinated care.

- People with experience of social care services are more likely than those who have not used these services to disagree that NHS and social care services work well together to give people co-ordinated care (49% compared with 36%). However, non-users are much more likely to say they don't know (22% compared with 7% of users).
- People who are informal carers are also more likely to say that NHS and social care services do not work well together (51%, compared with 37% of those without caring responsibilities). Again, those without caring responsibilities are more likely to say they don't know (19% compared with 10% of informal carers).

Younger people are more likely than people overall to agree that NHS and social care services work well together to give people co-ordinated care (57% of those aged 16 to 24 agree, compared with 43% overall).

Social care: preparing for the future

11 Social care: preparing for the future

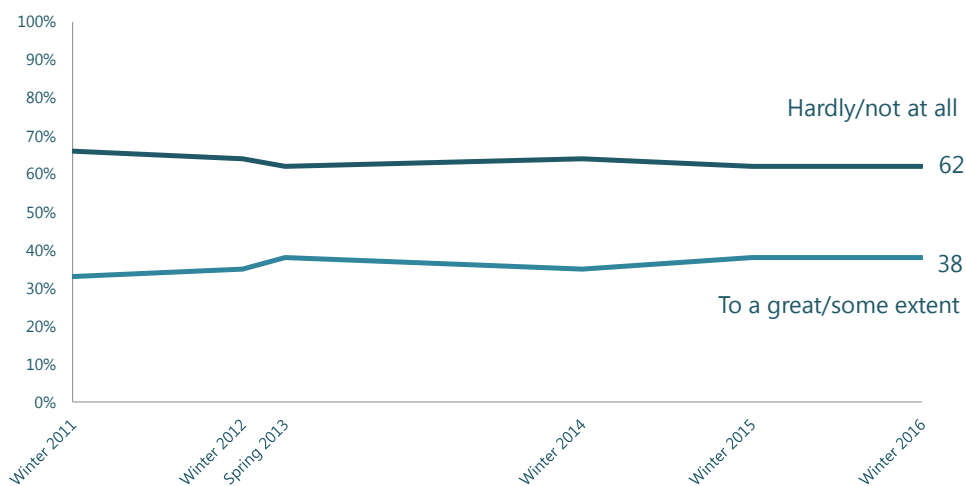
This chapter explores the extent to which people have thought about, and started preparing for, their potential future social care needs. It also examines the extent to which they are concerned about meeting the costs of any such needs.

11.1 Preparing to pay for social care

The majority (62%) of the public have hardly thought about preparing financially to pay for social care services they might need when they are older, or have not thought about preparing at all. A significant minority (38%) do however say that they have thought about preparing for these costs either to a great extent or to some extent. These proportions have not changed since winter 2015, and have remained relatively stable since the question was first asked in winter 2011.

Figure 11.1: The extent to which people have thought about preparing financially to pay for social care services they might need when they are older

Many people will need to use social care services when they are older and it is likely that they may have to contribute towards the cost. Before today, to what extent had you thought about preparing financially to pay for social care services you might need when you are older?



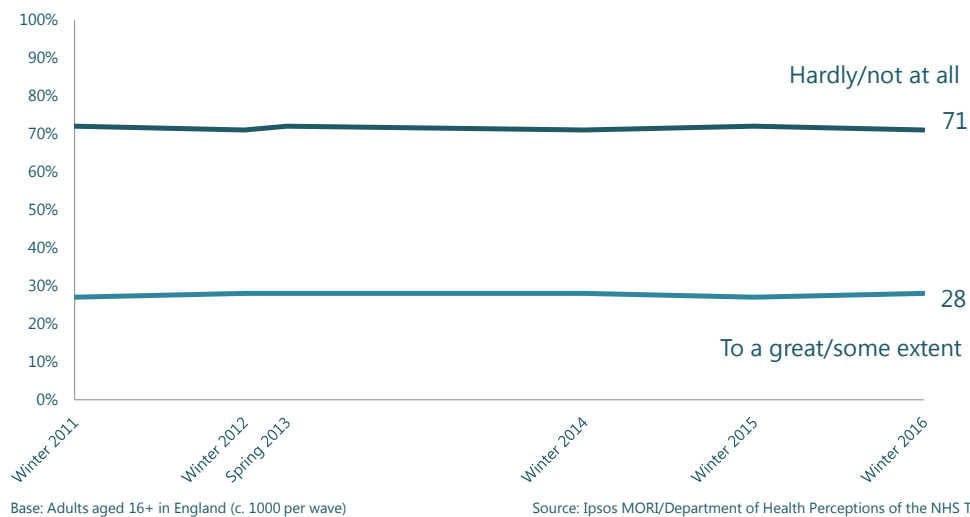
Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/Department of Health Perceptions of the NHS Tracker

The proportion of people who have actually started to prepare financially to pay for social care services they might need when they are older is even lower than the proportion who have started to think about preparing. Just under three in ten (28%) say that they have started preparing either to some extent or to a great extent. Conversely, seven in ten (71%) say that they have hardly started preparing or have not started preparing at all. These proportions have not changed since winter 2011.

Figure 11.2: The extent to which people are already preparing financially to pay for social care services they might need when they are older

And to what extent are you already preparing financially to pay for the social care services you might need when you are older?



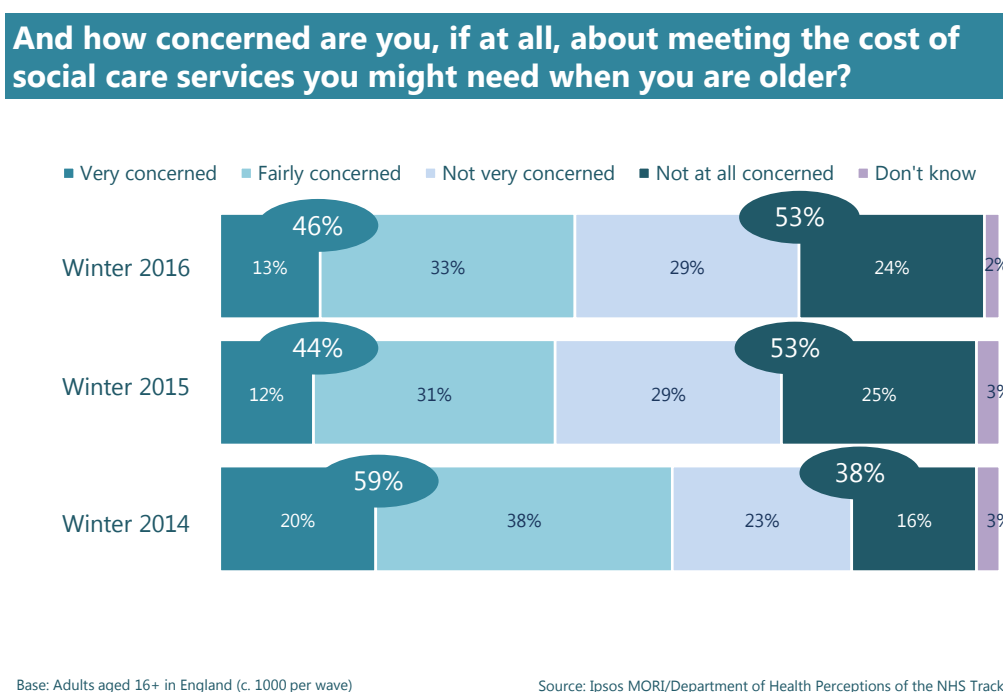
The extent to which people have thought about or have actually started preparing to pay for social care costs varies by age and social grade.

- Younger people are less likely to have started preparing financially for social care services they may need when they are older (87% of 16 to 24 year olds have not started preparing, compared with 71% overall).
- In contrast, people in social grades AB are more likely to have started preparing than people in any other social grade. Just under half (45%) of people in social grades AB have started preparing financially compared with just under three in ten overall (28%).

11.2 Concern about meeting the costs

While a minority of the public have thought about preparing to pay for future social care costs, and an even smaller proportion have already started to prepare, just under half (46%) of the public say that they are concerned about meeting the cost of social care services they might need when they are older. A slightly greater proportion (53%) say that they are either not very or not at all concerned about meeting these costs. Following the Care Act 2014²², the winter 2015 wave of the survey saw a fall in the proportion who said they were concerned about meeting social care costs (from 59% in winter 2014 to 44% in winter 2015). The winter 2016 findings are in line with winter 2015, maintaining this lower level of concern.

Figure 11.3: Level of concern people have about meeting the cost of social care services they might need when they are older



As is the case for other measures around future social care costs, younger people are less likely than people overall to be concerned about meeting the cost of social care services they might need in future (23% of those aged 16 to 24 say that they are concerned about meeting these costs, compared with 46% overall). Those who believe that it is their responsibility to save for social care, on the other hand, are more likely to say that they are concerned (53% among those who think it is their responsibility, compared with 41% who do not think that it is their responsibility).

11.3 Responsibility for saving

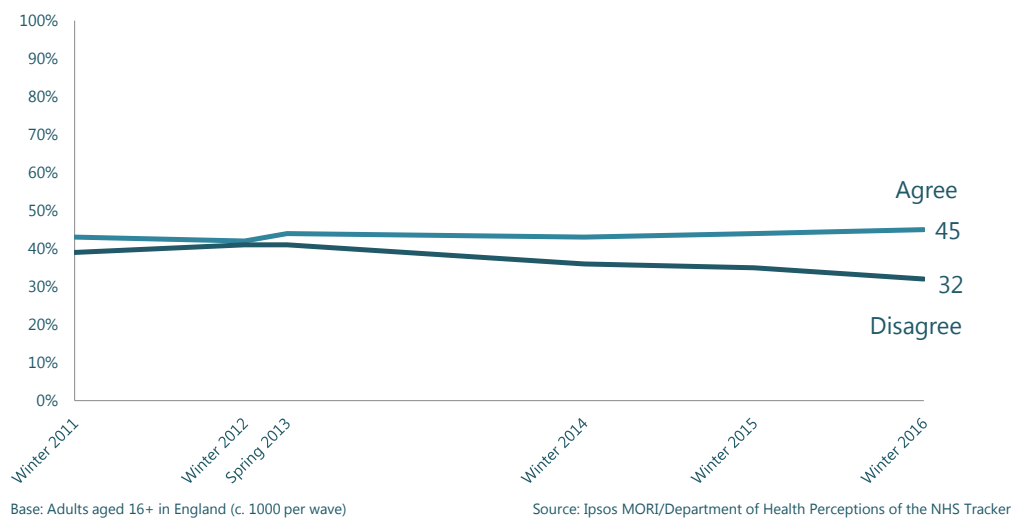
Just under half of the public (45%) agree that it is their responsibility to save so that they can pay towards their care when they are older. One third (32%) do not think that it is their responsibility, while around two in ten (22%) do

²² Care Act (2014), available at: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

not give an opinion either way. These figures are all in line with those from winter 2015. The proportion agreeing has remained relatively stable since the question was first asked in winter 2011 (when 43% agreed), though the proportion disagreeing has fallen over time (from 39% in winter 2011 to 32% now).

Figure 11.4: Agreement with the statement: 'It is my responsibility to save so that I can pay towards my care when I am older'

Please tell me whether you agree or disagree with the following statement. It is my responsibility to save so that I can pay towards my care when I am older.



Attitudes towards responsibility for saving for social care differ by age and social grade.

- People aged 55 to 64 are least likely to agree that it is their responsibility to save so that they can pay towards their care (33% compared with 45% overall).
- People in social grades AB are more likely than those in any other social grade to agree that it is their responsibility to save (56% compared with 45% overall).

People who are concerned about meeting social care costs are more likely than those who are not concerned to agree that it is their responsibility to save so they can pay towards their care when they are older (52% of those who are concerned agree compared with 39% who are not concerned).

Appendices

12 Appendices: Technical details

12.1 Methodology

Sampling and fieldwork

Ipsos MORI carried out 1,025 interviews among a representative sample of adults aged 16 and over living in 112 output areas (OAs) across the 9 Government Office Regions (GORs) of England. The average interview length was 24 minutes.

The survey was conducted using a quota sampling approach. The primary sampling unit (PSU) for this survey is a pair of census output areas (OA), consisting of around 250 addresses. The full list of OAs in England was stratified by region, local authority within region, and demographic profile (the percentage of the population who are of social grades AB). A number of double OAs across England in which to carry out interviews was then selected. In order to ensure each household had an equal chance of being selected regardless of the geographical size of the OA in which it is located, a 'probability proportional to size' sample design was employed, meaning that each OA's chance of appearing in the sample was proportional to the number of households it contains. The list of selected OAs was then compared with that used in the previous wave of the survey to ensure interviews are not carried out in the same locations.

Interviewers were then assigned sampling points from the list of selected double OAs in which to achieve a particular number of interviews. Within each sampling point, interviewers were instructed to leave at least 1 residence between a successful interview and the next residence they approach for an interview. They were also asked to try and spread out the interviews they achieve over different roads (and different blocks of flats if applicable) within the list of addresses they have been given.

In order to ensure the sample of those interviewed was representative of the population, quotas were set on key demographics within each point, based on data from the 2011 Census regarding age, sex, and work status. These are the same quota categories that have been used on every wave of the survey.

At the analysis stage, data were weighted to the population profile in terms of age, sex, working status and GOR based on the 2011 Census profile. Again, these are the same weighting characteristics that have been used on every wave of the survey.

Keeping quotas and weights consistent helps ensure it is possible to be confident that any change in the data is due to changes in perceptions rather than changes in approach.

All interviews were conducted face-to face and in-home, between 31st October and 18th December 2016.

Interviews were conducted using CAPI (computer-assisted personal interviewing), as were interviews in the winter 2015, winter 2014, winter 2013, spring 2013, winter 2012, spring 2012, winter 2011 and winter 2010 waves of this research. Interviews carried out in waves prior to winter 2010 were conducted using interviewer administered pen-and-paper interviewing.

A pilot survey was not carried out. This is because the survey has been carried out several times before and the sampling and fieldwork design did not change for this wave.

12.2 Referenced reports

Where relevant, this report draws on research and data from other publications, produced both by Ipsos MORI and other organisations. Where other data is used this is clearly referenced in a footnote. Below is a summary of these publications:

- GP Patient Survey – National Summary Report, Ipsos MORI, July 2016, <http://gp-survey-production.s3.amazonaws.com/archive/2016/July/July2016NationalSummaryReport.pdf> Results based on 836,312 surveys returned between 2 July and 2 October 2015 and 4 January and 1 April 2016.
- The Five Year Forward View, NHS England, 23 October 2014, <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>
- Deaths registered in England and Wales (Series DR): 2015, ONS (2015), released 14th November 2016, available at: [file:///C:/Users/harriet.fowler/Downloads/Deaths%20registered%20in%20England%20and%20Wales%20\(Series%20DR\)%202015.pdf](file:///C:/Users/harriet.fowler/Downloads/Deaths%20registered%20in%20England%20and%20Wales%20(Series%20DR)%202015.pdf)
- Care Act (2014), available at: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Where appropriate, this report compares results from this wave of the Public Perceptions of the NHS and Social Care Tracking survey with those obtained in previous waves of this survey. Key details of all previous waves of the survey are listed below.

Spring 2000: results based on 1,046 face-to-face and in-home interviews among a representative sample of adults aged 16+ living in 104 enumeration districts between 14 April and 7 May 2000;

Winter 2001: results based on 1,021 interviews in 104 enumeration districts between 21 November and 10 December 2001;

Spring 2002: results based on 1,041 interviews in 108 enumeration districts between 4 May and 5 June 2002;

Winter 2002: results based on 1,002 interviews in 108 enumeration districts between 21 November and 24 December 2002;

Spring 2003: results are based on 1,000 interviews in 108 enumeration districts between 12 May and 8 June 2003;

Winter 2003: results are based on 1,039 interviews in 104 enumeration districts between 18 November 2003 and 18 January 2004;

Spring 2004: results are based on 1,031 interviews in 104 enumeration districts between 4 June and 6 July 2004;

Winter 2004: results are based on 994 interviews in 102 output areas between 13 November and 12 December 2004,

Spring 2005: results are based on 1,002 interviews in 101 output areas between 1 June and 7 July 2005.

Winter 2005: results are based on 1,041 interviews in 104 output areas between 12 November and 13 December 2005.

Spring 2006: results are based on 1,009 interviews in 129 output areas between 13 June and 9 July 2006.

Winter 2006: results are based on 1,011 interviews in 86 output areas between 10 November and 3 December 2006.

Spring 2007: results are based on 1,013 interviews in 87 output areas between 3 March and 2 April 2007.

Summer 2007: results are based on 1,026 interviews in 113 output areas between 22 June and 20 July 2007.

Winter 2007: results are based on 1,011 interviews in 88 output areas between 12 November and 15 December 2007.

Spring 2008: results are based on 1,036 interviews in 88 output areas between 10 March and 6 April 2008.

Summer 2008: results are based on 1,003 interviews in 88 output areas between 27 May and 23 June 2008.

Winter 2008: results are based on 1,003 interviews in 104 output areas between 17 November and 15 December 2008.

Spring 2009: results are based on 1,015 interviews in 104 output areas between 9 March and 5 April 2009.

Summer 2009: results are based on 1,039 interviews in 104 output areas between 25 May and 26 June 2009.

Winter 2009: results are based on 1,008 interviews in 104 output areas between 12 November and 10 December 2009.

Spring 2010: results are based on 1,006 interviews in 104 output areas between 22 February and 22 March 2010.

Winter 2010: results are based on 1,011 interviews in 104 output areas between 22 November and 23 December 2010.

Winter 2011: results are based on 1,001 interviews in 104 output areas between 14 November and 9 December 2011.

Spring 2012: results based on 1,015 interviews in 104 output areas between 4 and 31 May 2012.

Winter 2012: results based on 1,004 interviews in 104 output areas between 5 November and 16 December 2012.

Spring 2013: results based on 1,005 interviews in 134 output areas between 20 May and 26 June 2013.

Winter 2013: results based on 1,016 interviews in 84 output areas between 18 November and 16 December 2013.

Winter 2014: results based on 1,016 interviews in 134 output areas between 3 November and 17 December 2014.

Winter 2015: results based on 1,007 interviews in 112 output areas between 2 November and 13 December 2015.

12.3 Guide to statistical reliability

How accurately does the survey reflect the views of the English population?

It should be remembered that a sample and not the entire population of adults living in the 9 GORs of England has been interviewed. In consequence, all results are subject to sampling tolerances, which means that not all differences between results are statistically significant, at the 95% confidence level. For example, for a question where 50% of the people in a weighted sample of 1,000 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than plus or minus three percentage points from the result that would have been obtained from a census of the entire population (using the same procedures).

Indications of approximate sampling tolerances for this survey, and for surveys of smaller groups of participants, are provided in the table below. As shown, sampling tolerances vary with the size of the sample and the size of the percentage results. This survey used a quota sampling approach. Strictly speaking the tolerances applied here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.²³

Approximate sampling tolerances applicable to percentages at or near these levels at the 95% confidence level			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
100 interviews	6	9	10
200 interviews	4	6	7
300 interviews	3	5	6
400 interviews	3	5	5
500 interviews	3	4	4
600 interviews	2	4	4
700 interviews	2	3	4
800 interviews	2	3	4
900 interviews	2	3	3
1,025 interviews	2	3	3

²³ Orton, S. (1994), Evidence of the Efficiency of Quota Samples. Survey Methods Newsletter, vol. 15, no. 1; Stephenson, C. B. (1979), Probability Sampling with Quotas: Wan Experiment. POQ, vol. 43, no. 4.

Comparing the views of different groups within the sample surveyed

Different groups within a sample (e.g. men and women) may have different results for the same question. A difference has to be of a certain size in order to be statistically significant. To test if a difference in results between two sub-groups within a sample is statistically significant, at the 95% confidence level, the differences between the two results must be greater than the values provided in the table below. Again, strictly speaking the sampling tolerances shown here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.²⁴

Differences required for significance at or near these percentages at the 95% confidence level			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
100 and 100	8	13	14
100 and 200	7	11	12
100 and 300	7	10	11
100 and 400	7	10	11
100 and 500	7	10	11
200 and 200	7	10	11
200 and 300	5	8	9
200 and 400	5	8	9
200 and 500	5	8	8
300 and 300	5	7	8
300 and 400	5	7	8
300 and 500	4	7	7
400 and 400	4	6	7
400 and 500	4	6	7
500 and 500	4	6	6

²⁴ Ibid.

Only sub-groups comprising 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. Findings for groups with as few as 100 participants can be subject to confidence intervals of +/-10%.

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.

A number of different sub-groups have been reviewed during the data analysis stage and the ones referenced in the report are as follows (listed in alphabetical order):

Umbrella sub-group	Sub-group	Unweighted base size (winter 2016 wave)
Age	16 to 24 year olds	120
	25 to 34 year olds	165
	35 to 54 year olds	334
	55 to 64 year olds	162
	65 to 74 year olds	143
	People aged 75 years old and over	100
Experience of social care services	People who have had experience of at least one of a list of social care services in the last year or so, either personally or through members of their household, family or friends	350
	People who have not had experience of at least one of a list of social care services in the last year or so, either personally or through members of their household, family or friends	675
Gender	Men	500
	Women	525
Informal carer status	Informal carers, defined as people who look after, or give any help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age	244
	People without caring responsibilities, defined as defined as people who do not look after, or give any help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age	779
Levels of satisfaction with the NHS	People who are satisfied with the running of the National Health Service nowadays	679
	People who are dissatisfied with the running of the National Health Service nowadays	179
Long-standing illness, disability or infirmity status	People with a long-standing illness, disability or infirmity	260
	People with a long-standing illness, disability or infirmity or who live with someone with one	390

	People without a long-standing illness, disability or infirmity and who do not live with someone with one	635
Recent inpatients	People who have been to hospital in the last year and whose last visit was as an inpatient	214
Recent use of hospital services	People who have been NHS inpatients, NHS outpatients, users of accident and emergency departments or minor injuries units in the last year	606
	People who have not been NHS inpatients, NHS outpatients, users of accident and emergency departments or minor injuries units in the last year	419
Recent use of NHS services	People who have used one or more of the following health services in the last year: <ul style="list-style-type: none"> ▪ GP ▪ Inpatient services ▪ Outpatient services ▪ A&E ▪ NHS 111 ▪ Pharmacist/Chemist ▪ NHS Choices website ▪ Walk-in clinic ▪ Minor injuries unit/Urgent care centre 	915
	People who have not used one or more of the following health services in the last year: <ul style="list-style-type: none"> ▪ GP ▪ Inpatient services ▪ Outpatient services ▪ A&E ▪ NHS 111 ▪ Pharmacist/Chemist ▪ NHS Choices website ▪ Walk-in clinic ▪ Minor injuries unit/Urgent care centre 	110
Social grade	AB	292
	C1	316
	C2	196
	DE	221
Views about future of the NHS	Those who think that the NHS will get better over the next few years	151
	Those who think that the NHS will stay the same over the next few years	255

	Those who think that the NHS will get worse over the next few years	618
Views about government policies for the NHS	People who agree that the government has the right policies for the NHS	231
	People who disagree that the government has the right policies for the NHS	477
Views about government policies for social care in England	People who agree that the government has the right policies for social care in England	254
	People who disagree that the government has the right policies for social care in England	471
Views about personal responsibility to pay towards social care	People who agree it is their responsibility to save so that they can pay towards their care when they are older	462
	People who disagree it is their responsibility to save so that they can pay towards their care when they are older	326
Views about whether it is easy to feedback on NHS services	Those who agree that it is easy for people to feed back on the service they receive from the NHS	512
	Those who disagree that it is easy for people to feed back on the service they receive from the NHS	312
Views about whether people are treated with compassion when they use NHS services	Those who agree that people are treated with compassion when they use NHS services	805
	Those who disagree that people are treated with compassion when they use NHS services	167
Views about whether people are treated with dignity and respect when they use NHS services	Those who agree that people are treated with dignity and respect when they use NHS services	815
	Those who disagree people are treated with dignity and respect when they use NHS services	174
Views about whether people have enough involvement in their treatment and care	Those who agree that people have enough involvement in their treatment and care	546
	Those who disagree that people have enough involvement in their treatment and care	241
Views about whether people have enough choice in their treatment and care	Those who agree that people have enough choice in their treatment and care	508
	Those who disagree that people have enough choice in their treatment and care	279

Concern about meeting social care costs	Those who are concerned with meeting social care costs	469
	Those who are not concerned with meeting social care costs	540

Comparing results from different waves of the survey

When looking at results to the same question from different waves of the survey, again, a difference has to be of a certain size in order to be statistically significant. To test if a difference in results between two waves of the survey is statistically significant, at the 95% confidence level, the differences between the two results must be greater than the values provided in the table below. Again, strictly speaking the sampling tolerances shown here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.²⁵

Differences required for significance at or near these percentages at the 95% confidence level			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
1007 and 1025 (winter 2015 and winter 2016 surveys)	3	4	4

²⁵ Ibid.

12.4 Guide to social classification

In this report, references are made to social grade. The following table contains a brief list of social grade definitions as used by the Institute of Practitioners in Advertising. These groups are standard on all surveys carried out by Ipsos MORI.

Social Grade	Social Class	Occupation of Chief Income Earner
A	Upper Middle Class	Higher managerial, administrative or professional
B	Middle Class	Intermediate managerial, administrative or professional
C1	Lower Middle Class	Supervisor or clerical and junior managerial, administrative or professional
C2	Skilled Working Class	Skilled manual workers
D	Working Class	Semi and unskilled manual workers
E	Those at the lowest levels of subsistence	State pensioners, etc, with no other earnings

Source: Ipsos MORI

Interviewers use the following questions to help assign a participant a social grade classification:

- Who is the chief income earner in the household? (This is the person in the household with the largest income, whether from employment, pensions, state benefits, investments or any other source.)
- What is the occupation of the chief income earner?
- What is chief income earner's job title is and what do they actually do?
- What type of company does the chief income earner work for?
- How many people work for the company?
- How many people is the chief income earner responsible for?
- Does the chief income earner have any job related qualifications?

In some cases, interviewers also ask these additional questions:

- Is the chief income earner self-employed?
- How many hours a week does the chief income earner work?
- Is the chief income earner's job is manual or non-manual?

12.5 Questionnaire

Public Perceptions of the NHS and Social Care Tracker Survey

Questionnaire Winter 2016 Wave

Good morning, afternoon, evening. My name is from Ipsos MORI, the market and opinion research organisation, and we are carrying out a survey on health issues in your area and nationally. The interview will take about 20 minutes.

I would like to assure you that all the information we collect will be kept in the strictest confidence, and used for research purposes only. All individual responses will remain anonymous. All interviews will be carried out in accordance with the Market Research Society Code of Conduct.

PLEASE DO NOT INFORM RESPONDENTS WHO THE CLIENT IS. IF RESPONDENTS ASK, TELL THEM THAT YOU WILL REVEAL THIS INFORMATION AT THE END OF THE INTERVIEW.

Overall satisfaction with, and use of, the NHS

- Q1 SHOWCARD A (R)
Overall, how satisfied or dissatisfied are you with the running of the National Health Service nowadays?
SINGLE CODE ONLY.

Very satisfied	
Quite satisfied	
Neither satisfied nor dissatisfied	
Quite dissatisfied	
Very dissatisfied	
Don't know/Refused	

- Q2 SHOWCARD B (R)
To what extent, if at all, do you agree or disagree with the following statements?
READ OUT STATEMENTS a-c. ROTATE ORDER. SINGLE CODE ONLY.

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know/No opinion
a	The government has the right policies for the NHS						
b	The NHS is providing a good service nationally						
c	My local NHS is providing me with a good service						

Q3 Thinking about the NHS over the next few years do you expect it to...?
READ OUT STATEMENTS a-e. REVERSE ORDER. SINGLE CODE ONLY.

a	Get much better	
b	Get better	
c	Stay about the same	
d	Get worse	
e	Get much worse	
	Don't know	

Q4 SHOWCARD C (R)
Which of the following health services, if any, have you personally used in the last year or so? Just read out the letter or letters that apply.
MULTICODE OK EXCEPT FOR NONE OF THESE OR DON'T KNOW/REFUSED..

A	Been an inpatient at an NHS hospital	GO TO FILTER AT Q5
B	Attended an NHS hospital as an outpatient	
C	Visited an accident and emergency (A&E) department	
D	Visited a minor injuries unit or an urgent care centre	
E	Used NHS111 (the NHS telephone line)	GO TO Q6
F	Visited a Pharmacist/Chemist for medical advice	
G	Used the NHS Choices website	
H	Used a walk-in clinic	
I	Visited an NHS GP	
J	Used social care services	
	Other (please specify)	
	None of these	
	Don't know/Refused	

ASK IF HAVE BEEN INPATIENT, OUTPATIENT, VISITED A&E, VISITED A MINOR INJURIES UNIT OR AN URGENT CARE CENTRE IN THE LAST YEAR AT Q4 (MORE THAN ONE CODE AT CODES 1-4). OTHERS GO TO Q6.

SHOWCARD D (R)
You say you have been an NHS inpatient, or an NHS outpatient, or have visited an A&E department, or a minor injuries unit or urgent care centre within the last year or so. Which ONE of these was the most recent visit you have made as a patient? Just read out the letter that applies.

Q5 SINGLE CODE ONLY.

A	Been an inpatient at a NHS hospital	
B	Attended an NHS hospital as an outpatient	
C	Visited an accident and emergency (A&E) department	
D	Visited a minor injuries unit or an urgent care centre	
	Don't know	

ASK ALL.

Q6

SHOWCARD E (R)

Now thinking about the last time you visited an NHS hospital, overall, how satisfied or dissatisfied were you with this last visit as a patient?

SINGLE CODE ONLY.

Very satisfied	
Fairly satisfied	
Neither satisfied or dissatisfied	
Fairly dissatisfied	
Very dissatisfied	
Not applicable/Haven't been	
Don't know/No opinion	

Q7

SHOWCARD E AGAIN (R)

Now thinking about the last time you visited your local doctor or GP, overall, how satisfied or dissatisfied were you with this last visit as a patient?

SINGLE CODE ONLY.

Very satisfied	
Fairly satisfied	
Neither satisfied or dissatisfied	
Fairly dissatisfied	
Very dissatisfied	
Not applicable/ Haven't been	
Don't know/No opinion	

Communication channels and technology

Q8

SHOWCARD F

In which, if any, of the following ways have you consulted your GP in the last year? By consulted your GP, I mean sought advice from them about a health related matter.

MULTICODE OK EXCEPT FOR NONE OR DON'T KNOW.

Face to face	1
Telephone (not including NHS 111)	2
Email	3
A voice or video call on the internet using a microphone or webcam (e.g. using Skype)	4
Other online, e.g. an online form	5
Other	6
None	7
Don't know	8

Q9

SHOWCARD G (R)

Some people are starting to have contact with NHS services in a number of new ways. In which, if any, of the following ways have you had contact with an NHS service (such as your GP surgery, local hospital, dentist or pharmacy) in the last year?

MULTICODE OK EXCEPT FOR NONE OF THESE OR DON'T KNOW.

Online appointment booking service	
Receiving reminders about appointments by mobile phone text message	
Online repeat prescriptions ordering service	
Receiving reminders about repeat prescriptions by mobile phone text message	
111 telephone service for non-emergency assistance	
Accessing your GP health records online	
None of these	
Don't know	

Q10

SHOWCARD H (R)

Which two or three of these, if any, would you find most useful to be able to do?

MULTICODE UP TO THREE CODES OK EXCEPT FOR NONE OF THESE OR DON'T KNOW.

Book GP appointments online	
Receive reminders about GP appointments by mobile phone text message	
Order repeat prescriptions online	
Receive reminders about repeat prescriptions by mobile phone text message	
Access your GP health records online	
None of these	
Don't know	

Problems facing the NHS

Q11 **Overall, what do you see as the biggest problems facing the NHS?
PROBE FULLY USING "What else?"**

DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. PLEASE SCROLL DOWN FOR FULL LIST. MULTICODE OK EXCEPT FOR DON'T KNOW OR NONE OF THESE.

<u>ACCESS TO TREATMENT/WAITING TIME</u>	Long waiting lists/times
<u>CHOICE</u>	Not enough patient choice about care/treatment
	Not enough patient say/involvement in decisions about healthcare services
<u>EXTERNAL FACTORS</u>	Bird flu
	Swine flu (pig flu)
	Foreigners/immigrants
	Flu pandemic
	Overstretched/aging population
	Public health problems (smoking, obesity, sexual health, etc)
	Trivial use/abuse
<u>MANAGEMENT/BUREAUCRACY</u>	Bureaucracy/top heavy management
	Political influence/government targets
	Privatisation
	Problems prioritising treatment/patient groups
	Big changes to services/NHS reforms
<u>RESOURCES/INVESTMENT</u>	Lack of resources/investment
	Hospital closures/lack of hospitals/facilities
	Not enough doctors (unspecified)/nurses/understaffed
	Not enough GPs
	Poor pay for NHS staff
	Poor quality staff education/training
	Overworked staff
	Shortage of beds
	Shortage of NHS dentists
	Staff retention
<u>TREATMENT QUALITY/IMPROVEMENTS</u>	Low quality of services/treatment/care
	Poor quality care of the elderly
	Poor standards of cleanliness/superbugs/MRSA
	Other (PLEASE WRITE IN AND CODE '2')
	Don't know
	None of these

Public health

Q12

Thinking generally, what are the biggest health problems facing people today?**PROBE FULLY USING “What else?”**

DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. PLEASE SCROLL DOWN FOR FULL LIST. MULTICODE OK EXCEPT FOR DON'T KNOW OR NONE OF THESE.

Age-related illnesses/people living longer/old age
Aids/HIV
Alcohol abuse/drink-related illnesses/alcoholism/binge drinking
Bird flu
Cancer
Dementia
Diabetes
Diabetes in children
Drugs/abuse/misuse of drugs/substances
Flu pandemic
Heart disease/attacks
Lack of exercise/sedentary lifestyle
Liver disease
Lung disease/respiratory disease
Mental health
MRSA/cleanliness in hospitals
Obesity in children
Obesity/overeating
Poor diet/ lack of nutrition/eating habits/junk food
Smoking/smoking related illnesses
Stress/pressure
Stroke
Swine flu (pig flu)
Unhealthy lifestyle
Other (PLEASE WRITE IN AND CODE '6')
Don't know
None of these

Q13 SHOWCARD I (R)

How effective, if at all, do you think the Government is being in each of these areas?

READ OUT. ROTATE STATEMENTS. SINGLE CODE ONLY.

	Very effective	Fairly effective	Not very effective	Not at all effective	Don't know
a Tackling obesity					
b Reducing smoking					
c Reducing harmful drinking					
d Reducing diabetes					

Q14 SHOWCARD J (R)

How much responsibility, if any, do you think each of the following has in tackling obesity?

READ OUT. ROTATE STATEMENTS. SINGLE CODE ONLY.

	A great deal	A fair amount	Not very much	None at all	Don't know
a The Government					
b The food and drinks industry					
c Individuals					

Q15 ASK IF PARTICIPANT GIVES THE SAME ANSWER FOR TWO OR MORE STATEMENTS AT Q14 AND THEY ARE THE HIGHEST CODE OUT OF THE ANSWERS THEY GIVE.

Which one of the following do you think has the biggest role to play in tackling obesity? IF PARTICIPANT GIVES THE SAME ANSWER FOR ALL THREE STATEMENTS AT Q14: And which has the smallest role?

SINGLE CODE ONLY. ALLOW DON'T KNOW AT EACH POINT (E.G. A PARTICIPANT CAN NAME WHICH HAS THE BIGGEST ROLE, BUT SAY DON'T KNOW ABOUT THE SECOND BIGGEST ROLE)

The Government	
The food and drinks industry	
Individuals	
Don't know	
None of these	

- Q16 SHOWCARD K (R)
Now thinking about childhood obesity in England, how big a problem, if at all, do you think it is nowadays?
SINGLE CODE ONLY.

A very big problem	
A fairly big problem	
Not a very big problem	
Not a problem at all	
Don't know	

- Q17 SHOWCARD L (R)
And do you think the level of childhood obesity in England will increase, decrease or stay the same over the next few years?
SINGLE CODE ONLY.

Increase a lot	
Increase a little	
Stay about the same	
Decrease a little	
Decrease a lot	
Don't know	

- Q18 SHOWCARD M (R)
How much action, if any, do you think each of the following is taking to tackle childhood obesity in England?
READ OUT. ROTATE STATEMENTS. SINGLE CODE ONLY.

	A great deal	A fair amount	Not very much	None at all	Don't know
a The Government					
b The food and drinks industry					
c Individuals					
d My local council					
e The NHS					

Q19 SHOWCARD N (R)

To what extent do you agree or disagree that each of the following are doing enough to tackle childhood obesity in England?

READ OUT. ROTATE STATEMENTS. SINGLE CODE ONLY.

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
a	The Government						
b	The food and drinks industry						
c	Individuals						
d	My local council						
e	The NHS						

Patient involvement in treatment and care

Q20 SHOWCARD O (R)

Thinking back to the last time you saw a health professional, such as a GP or hospital doctor, to what extent would you agree or disagree with each of the following statements.

a) I was involved as much as I wanted to be in decisions about my care or treatment

b) I was able to choose the treatment or service which best suited my needs

SINGLE CODE ONLY.

Strongly agree	
Tend to agree	
Neither agree nor disagree	
Tend to disagree	
Strongly disagree	
Don't know	

Q21 SHOWCARD O AGAIN (R)

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

a) People have enough choice about their treatment and care

b) People have enough involvement in their treatment and care

SINGLE CODE ONLY. ROTATE STATEMENTS.

Strongly agree	
Tend to agree	
Neither agree nor disagree	
Tend to disagree	
Strongly disagree	
Don't know	

Q22 SHOWCARD P (R)

I am now going to read out a few more statements. For each one, please can you tell me whether you think it is true or false.

SINGLE CODE ONLY. ALLOW DON'T KNOW.

	True	False	Don't know
a			
b			
c			
d			
e			
f			

Q23 Have you ever looked for information about how well or badly a local healthcare service is performing?

SINGLE CODE ONLY

	Yes	1
	No	2
	Don't know/can't remember	3

Changes to the NHS

Q24 SHOWCARD Q (R)

How confident, if at all, are you that you would receive the most up-to-date treatment in the NHS?

SINGLE CODE ONLY.

	Very confident	
	Fairly confident	
	Not very confident	
	Not at all confident	
	Don't know	

Q25 SHOWCARD R, S, T (R)

To what extent, if at all, do you agree or disagree with the following statements?

READ OUT STATEMENTS a-e AND PRESENT ON SHOWCARD WITH ANSWER CODES. SINGLE CODE ONLY.

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
A	I would be prepared to travel further than my local hospital to a specialist centre for serious health issues such as a stroke, cancer or heart disease						
B	I would receive the same standard of care in a local GP practice as in a hospital if I needed minor surgery such as having an ingrowing toe nail removed						
C	I would receive the same standard of care in a local pharmacy as in a local GP practice if I needed treatment for a cough, a cold or another minor ailment						

Complaints

Q26 SHOWCARD U (R)

If you had a poor experience at one of the following NHS services, how comfortable, if at all, would you feel about making a complaint to them?

READ OUT. ROTATE STATEMENTS. SINGLE CODE ONLY.

		Very comfortable	Fairly comfortable	Not very comfortable	Not at all comfortable	Don't know
a	GP practice					
b	Hospital					

Social care

ASK ALL

Q27 SHOWCARD V (R)

The Department of Health defines social care as services to support people to be independent, play a full part in society and protect them in vulnerable situations. It includes practical help in the home, day centres, residential and nursing care homes, as well as advice and guidance. To what extent, if at all, do you agree or disagree with the following statements?

READ OUT STATEMENTS a-b. ROTATE ORDER. SINGLE CODE ONLY.

		Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know/No opinion
a	The government has the right policies for social care in England						
b	Overall, local authorities in England are providing good social care services						

Q28

SHOWCARD W (R)

Which of the following social care services, if any, have you, members of your household, close family or friends used in the last year or so? Just read out the letter or letters that apply.

FOR EACH SERVICE MENTIONED: And did you use that service personally or was it someone else?

PLEASE CODE EACH SERVICE MENTIONED APPROPRIATELY INTO THE 'ME PERSONALLY' AND/OR 'SOMEONE ELSE' COLUMN.

MULTICODE OK EXCEPT FOR NONE OF THESE OR DON'T KNOW FOR EACH COLUMN.

		ME PERSONALLY	SOMEONE ELSE
	<u>RESIDENTIAL SUPPORT</u>		
A	Home care for older people		
B	Home care for people with disabilities		
C	Residential/nursing care for older people		
D	Residential/nursing care for people with disabilities		
	<u>DAY-TO-DAY SUPPORT</u>		
E	Assisted technology (e.g. automatic sensors to say if lights left on/fridge door open)		
F	Basic needs such as food, shelter and medical care for older people/people with disabilities		
G	Day/community/luncheon centres for people with disabilities		
H	Day/community/luncheon centres for older people		
I	Meals on wheels		
J	Transport services for older people/people with disabilities		
	<u>FINANCIAL SUPPORT</u>		
K	Direct payment/Individual budgets/Personal health budgets (payment of allowances/funds into personal accounts/personal budgets/allowances to spend on services)		
	<u>EMPLOYMENT</u>		
L	Support to stay in work for those with a disability/long-term health condition		
	Other (PLEASE WRITE IN & CODE '1')		
	None of these		
	Don't know		

Q29 SHOWCARD X (R)

Many people will need to use social care services when they are older and it is likely that they may have to contribute towards the cost. Before today, to what extent had you thought about preparing financially to pay for social care services you might need when you are older?

SINGLE CODE ONLY.

To a great extent	
To some extent	
Hardly at all	
Not at all	
Already using social care services	

Q30 SHOWCARD X AGAIN (R)

And to what extent are you already preparing financially to pay for the social care services you might need when you are older?

SINGLE CODE ONLY.

To a great extent	
To some extent	
Hardly at all	
Not at all	
Already using social care services	

Q31 SHOWCARD Y (R)

And please tell me whether you agree or disagree with the following statement. It is my responsibility to save so that I can pay towards my care when I am older.

SINGLE CODE ONLY.

Strongly agree	
Tend to agree	
Neither agree nor disagree	
Tend to disagree	
Strongly disagree	
Don't know	

Q32 SHOWCARD Z (R)

Before today how concerned were you, if at all, about meeting the cost of social care services you might need when you are older?

SINGLE CODE ONLY.

Very concerned	
Fairly concerned	
Not very concerned	
Not at all concerned	
Don't know	

Key statements

ASK ALL

Q33 SHOWCARD AA (R)

– 46 Please tell me whether on the whole you agree or disagree with each of the following statements:

READ OUT STATEMENTS. ROTATE ORDER BUT NEVER START AT Q42. SINGLE CODE ONLY FOR EACH.

		Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know
Q33	Britain's National Health Service is one of the best in the world					
Q34	The NHS provides good value for money to taxpayers					
Q35	If I was very ill I would feel safe in an NHS hospital					
Q36	People are treated with dignity and respect when they use NHS services					
Q37	NHS and social care services work well together to give people co-ordinated care					
Q38	The NHS will face a severe funding problem in the future					
Q39	The NHS is doing everything it can to reduce waste and inefficiency					
Q40	People are treated with compassion when they use NHS services					
Q41	The NHS acts on feedback it receives from patients					
Q42	It is easy for people to feed back on the service they receive from the NHS					
Q43	Mental health services are as much of a priority for Government as other NHS services					
Q44	Hospitals provide the same standard of service to patients in an emergency at the weekend as during the week					
Q45	People are able to get an evening appointment with a GP if they want to					
Q46	People are able to get a weekend appointment with a GP if they want to					

ASK ALL

Q47 SHOWCARD AA AGAIN (R)

– 49 Please tell me whether on the whole you agree or disagree with each of the following statements:
 READ OUT Q43 TO Q45. SINGLE CODE ONLY FOR EACH.

		Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know
Q47	NHS waiting times for emergency treatment and care are too long					
Q48	NHS waiting times for non-emergency treatment and care are too long					
Q49	NHS waiting times for mental health treatment and care are too long					

Demographics

Gender

SINGLE CODE ONLY.

	Male	
	Female	

WRITE IN & CODE EXACT AGE.

Exact age

	16-24	
	25-34	
	35-44	
	45-54	
	55-59	
	60-64	
	65-74	
	75+	

Occupation of chief income earner

SINGLE CODE ONLY.

	Position/rank/grade	
	Industry/type of company	
	Quals/degree/apprenticeship	
	Number of staff responsible for	

REMEMBER TO PROBE FULLY FOR PENSION AND CODE FROM ABOVE.

Social grade

A	
B	
C1	
C2	
D	
E	

Respondent is:

Chief Income Earner	
Not Chief Income Earner	

Household is:

Pensioner only (i.e. no children or other adults)	
Non-pensioners (i.e. adults/no dependent children under 16)	
Adults with dependent child/ren under 16	

Working status of respondent:

Working - Full time (30+ hrs)	
- Part-time (9-29 hrs)	
Unemployed - seeking work	
- not seeking work	
Not working – retired	
- looking after house/children	
- invalid/disabled	
Student	
Other (PLEASE WRITE IN & CODE '9')	
Don't know	

QA **Marital status**
SINGLE CODE ONLY.

Married	
Single	
Separated/Divorced	
Widowed	
Cohabiting	
Don't know/Refused	

ASK ALL.

QB **Are there any young people in your household?**
MULTICODE OK EXCEPT FOR NONE UNDER 18.

Yes, aged 0-4	
Yes, aged 5-12	
Yes, aged 13-17	
None under 18	

ASK ALL.

QC **Do you, or anyone else in your household have any long-standing illness, disability or infirmity? IF YES: Is that you or someone in your household?**
MULTICODE OK EXCEPT FOR NO.

Yes, respondent	
Yes, other household member	
No	

QD

SHOWCARD AB (R)**Which group on this card do you consider you belong to? Please just read out the letter.**

SINGLE CODE ONLY. PLEASE SCROLL DOWN FOR FULL LIST.

	White	
A	English/Welsh/Scottish/Northern Irish/British	
B	Irish	
C	Gypsy or Irish Traveller	
D	Any other White background	
	<u>Mixed/multiple ethnic groups</u>	
E	White and Black Caribbean	
F	White and Black African	
G	White and Asian	
H	Any other Mixed/multiple ethnic background	
	<u>Asian/Asian British</u>	
I	Indian	
J	Pakistani	
K	Bangladeshi	
L	Chinese	
M	Any other Asian background	
	<u>Black/African/Caribbean/Black British</u>	
N	African	
O	Caribbean	
P	Any other Black/African/Caribbean background	
	<u>Other ethnic group</u>	
Q	Arab	
R	Any other ethnic group	
	Refused/Not stated	

QE

Do you personally, members of your family, or any of your friends work for the NHS in any capacity? IF YES: Is that you personally, a member of your family or a friend?

MULTICODE OK EXCEPT FOR NO AND DON'T KNOW/NOT SURE.

	Yes – me personally	
	Yes – members of my family	
	Yes – friends	
	No	
	Don't know/Not sure	

- QF Do you personally, members of your family, or any of your friends work in social care, for example in a residential home, for Meals on Wheels, for a local authority social services department etc? IF YES: Is that you personally, a member of your family or a friend?
MULTICODE OK EXCEPT FOR NO AND DON'T KNOW/NOT SURE.

Yes – me personally	
Yes – members of my family	
Yes – friends	
No	
Don't know/Not sure	

- QG Do you look after, or give any help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age? Do not count anything you do as part of your paid employment. IF YES: Is that for a member of your family, a friend, a neighbour or for someone else?
MULTICODE OK EXCEPT FOR NO AND DON'T KNOW/NOT SURE.

Yes – for family	
Yes – for friend	
Yes – for neighbour	
Yes –for someone else	
No	
Don't know/Not sure	

Name/Initial/Title: Mr/Mrs/Ms/Miss

Address:

Full postcode:

--	--	--	--	--	--	--	--	--	--

QTEL1 ENTER TELEPHONE NUMBER

PLEASE INCLUDE THE FULL EXCHANGE CODE AND NUMBER.

NB ALL TELEPHONE NUMBERS SHOULD HAVE 11 DIGITS. DO NOT LEAVE A SPACE BETWEEN THE EXCHANGE CODE AND THE NUMBER, e.g. 02088615000

Don't know

Refused

QTEL2 Can I just check, do you have a mobile phone? IF YES ASK: Can I take the number please?

MULTICODE OK.

Yes

WRITE IN FULL TELEPHONE NUMBER

No

Refused

QTEL3 What is your e-mail address?

PLEASE WRITE IN. ASK RESPONDENT IF UPPER OR LOWER CASE.

Refused/don't have email address

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos-mori.com

<http://twitter.com/IpsosMORI>

About Ipsos MORI's Social Research Institute

The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methodological and communications expertise, helps ensure that our research makes a difference for decision makers and communities.