

The public and the NHS

What's the deal?

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1 Introduction

It is often said that the National Health Service (NHS) holds a unique place within British society, and there is much evidence to support this: people take great pride in the NHS ([Ipsos MORI 2016](#)), and it is consistently identified by the public as the top priority for additional government spending, ahead of other public services such as education and welfare ([Cream *et al* 2018](#)). It is clear that, nearly 70 years after the NHS was established, public support for the system remains strong.

This is not to say, however, that the relationship between the NHS and the public is straightforward. Although support for the NHS as an institution has remained stable, satisfaction with the way the NHS is run has wavered over time and, in 2017, fell 6 per cent compared with the previous year ([Robertson *et al* 2018](#)). Similarly, while there has been no change in the underlying principles of the system – a comprehensive service available to all, free at the point of use and funded through taxation – the precise nature of the relationship has changed. For example, in recent years there has been an increasing emphasis on people taking responsibility for staying healthy and managing their own health. But does this reflect the public's own view of their role? And to what extent has the service taken steps to make this a reality?

One way of thinking about the relationship between the public and the NHS is as an agreement, compact or 'deal', with rights and responsibilities on both sides. For example, the public can expect to receive health care free at the point of use, but at the same time, there is an expectation that the population will contribute to these (and many other) services by paying taxes and taking steps as individuals to look after their own health. Over time, there have been attempts to formalise this relationship – for example, with the NHS Constitution – but has this deal ever existed in reality? And is this how the public sees it?

As the NHS reaches its 70th birthday, the system faces severe financial and performance pressures. In the context of an ageing population and increasing demand for services, it is important to think about how the public views its relationship with the NHS – and what this relationship might look like over the next 70 years.



Aims of our work

Against this background, The King's Fund is carrying out a programme of work to explore the relationship between the NHS and the public, and how it has changed over time. This has included some public polling work, analysis of British Social Attitudes (BSA) surveys, and a series of blogs presenting a range of views on this topic (available on The King's Fund website: www.kingsfund.org.uk/projects/public-and-nhs).

In March 2018, as part of this programme, The King's Fund and Ipsos MORI carried out three discussion events or 'deliberative workshops' with the public to explore people's views on the relationship between the public and the NHS in more detail. In particular, we wanted to understand people's views on the following questions:

- What is the NHS for? What is its role in Britain today?
- What do people expect of NHS services? Are these expectations realistic, or does the population expect too much or too little?
- What is the balance of responsibility between the individual and the NHS (and government more widely), particularly in terms of:
 - prevention and keeping people healthy
 - use of NHS services
 - funding NHS services.

We also wanted to explore people's views of the concept of a 'deal' between the NHS and the public: is this how people envisage the two-way relationship and, if so, what rights and responsibilities would they allocate to both parties? What do the public think this 'deal' should look like?

This report

This report sets out the findings from our deliberative events in three areas of England. Here we describe our methodology, and subsequent sections provide an overview of the key issues raised during the workshops, as well as a description of the 'deals' developed by the participant groups. The final section sets out the key findings from the deliberative events.



Later in the year, The King's Fund will bring the findings set out in this report together with the outputs from the other strands of work to provide a more detailed exploration of the relationship between the NHS and the public, and how it has changed.

Methodology

The project comprised deliberative events with members of the public in London, Nuneaton and Preston on 15, 21 and 22 March 2018 respectively. About 25 people attended each event. A deliberative event is a type of facilitated workshop that provides participants with the opportunity to focus on a complex issue, discuss it in depth, challenge one another's opinions, and develop their arguments.

Deliberative events also allow time to provide information and stimulus to participants, and to gather their reactions to the issues discussed during the workshop. This helps explore what may lie behind opinions or cause participants to change their views. The discussion guide and materials used at the events are available on The King's Fund website.

Participants in the deliberative events were also invited to take part in an online community, before and after the events. These forums were designed to encourage participants to think about the issues beforehand, and to gather and share their reflections after the event.

Limitations

The nature of deliberative events means that participants are exposed to a level of information that they may not otherwise have had. Any attempt to generalise from these findings to the wider general public must take this into account, along with the sample size. The findings indicate how the public might react if presented with similar information about the NHS and its future.

Anonymous comments made by participants during the discussions have been included throughout this report, attributed by location and age group. These should not be interpreted as defining the views of all participants but have been selected to provide insight into a particular issue or topic.



Recruitment

Members of the general public were approached in the street by experienced Ipsos MORI recruiters and asked if they would like to take part. They were asked a number of questions to ensure that those selected were broadly reflective of the socio-demographic profile of the local population, but also to include:

- a range of different levels of self-reported use of the NHS
- a range of levels of satisfaction or dissatisfaction with how the NHS is run
- some members of the public who are carers
- a range of different political affiliations.

These criteria were felt to be important as they affect people's experiences and views of the NHS.

Participants were required to have been resident in England for at least three years to ensure that they would be familiar with the NHS.

The following people were excluded from the research:

- those who had attended a discussion group for market or social research during the previous year
- those who work in public relations, advertising or market research
- those working for the NHS in any capacity.

A total of 30 participants were recruited for each event, on the assumption that around 25 would attend on the night. Participants were offered £75 in consideration of their time and to cover any expenses they might have incurred.

Event structure

Prior to the event, participants were invited to contribute to an online community. The purpose of the community was to pose some initial questions to get participants to start thinking about what it means to be healthy, what affects health, how they stay healthy, and the respective roles of the individual and government in keeping people healthy.



When they arrived at the events, participants were split into three or four discussion groups, each comprising between 7 and 10 people, grouped according to age (this was done at each event according to the specific cohort, and therefore the age groups differ between locations). People were grouped according to age because data from other studies suggested that people from different age groups may have contrasting views on the NHS ([Ipsos MORI and Department of Health and Social Care 2018](#)).

Alongside the discussions that took place within these groups, two presentations were delivered by The King's Fund to stimulate debate. The first explained that the NHS is approaching its 70th anniversary and briefly described how it had been set up and its founding principles. The second presentation, 'The NHS over the next 70 years', outlined information about the ageing population and increase in the number of people living with long-term conditions, both of which are increasing demand on the NHS. It highlighted the slowdown in funding increases for the NHS and briefly explained some of the actions being taken to address this through the *NHS five year forward view* ([NHS England et al 2014](#)). Questions were posed about what this meant for the relationship between the public and the NHS. As well as the discussions and presentations, participants used electronic voting devices to give their opinions on three survey questions.¹

After the event, participants were again invited to contribute to the online community. The purpose was to understand their views once they had had time to reflect on discussions at the deliberative event. It also enabled us to explore what part of the discussions had resonated with them most.

Context

In this type of research, the context in which it takes place – particularly current media coverage of the issues under discussion – can influence participants' views. It is therefore worth briefly considering what health stories were in the media at the time.

1. The polling questions selected were chosen both for their relevance to the issues being discussed (they covered views about the place of the NHS in society today and public expectations of the NHS) and, because polling data already existed for them, to enable comparisons to be drawn with the answers given by participants.



The NHS in general has been an increasing focus of the media, but particularly when experiencing ‘winter pressures’. The research took place during March, when the consequences of winter pressures were still being covered in the media. Also, in the run-up to the deliberative events, there was a ‘Keep Our NHS Public’ protest held on 3 February, in which 60,000 people marched to Downing Street, while on 5 February, US President Donald Trump described the NHS as ‘going broke and not working’.

The deliberative events took place before the Prime Minister, Theresa May, announced her intention (at the end of March 2018) to reveal a new long-term funding plan for the NHS later in the year.

Analysis

The group discussions at all three events were recorded (with consent), and note-takers were present on each table to record participants’ views.

Participants’ responses to the discussions throughout the workshop and in the online community were evaluated thematically, using the audio files and notes made at the events. An analysis session with the moderators and note-takers further interrogated the findings. These approaches were used as the basis of this report.



2 The NHS at 70

At the start of the deliberative events, participants were asked some general questions on their thoughts about the NHS in the context of its 70th anniversary. They discussed what the NHS means to them personally, its wider place in British society, and their thoughts on the founding principles.

Key findings

- The NHS was seen as a key part of our society, an institution to be proud of and something we are lucky to have.
- There was broad agreement with the founding principles of the NHS, and strong support for these principles to continue.
- People were aware that the NHS faces considerable challenges, particularly around funding, staff shortages and waiting times.
- Despite feeling grateful for and positive about the NHS, some people were more negative about their day-to-day experiences with the service.
- People felt there is too much waste in the NHS and that it is not managed as well as it could be.

The NHS today

While a few people had heard of the 70th anniversary of the NHS on the radio and in newspapers, most were unaware of this forthcoming landmark. Indeed, participants were surprised by how young the NHS is – for many, it was something they felt had always been there.

When asked about their views of the NHS today, above all else, participants spoke about the pride they felt towards it.

I am proud of the service, I remember the Olympic ceremony and they put the bed on and all that, and I was really proud of it. I do have a love for the NHS, it's part of our heritage.
(London, 33–50 years old)



In particular, participants spoke of the pride they felt in, and admiration for, frontline staff who they believed to be providing an excellent service in the face of challenging circumstances.

The staff and the care is very good, especially with the pressure they're under.

(London, 50–67 years old)

This pride was tied into their concept of citizens' rights, with many viewing health care free at the point of delivery as one of their 'fundamental rights' as British citizens.

It's a fundamental right to be able to feel that peace of mind... It should be a fundamental right in any modern society.

(London, 33–50 years old)

Participants also conceptualised the NHS as a safety net. A number of participants – including those who only rarely used NHS services – described the comfort and security they felt knowing the NHS was there for them if they needed it during an emergency or a time of ill health.

You know it's there. That what's most important, especially when you're older. You can get care wherever you are in the country.

(Nuneaton, 67–83 years old)

An issue that emerged in all groups was a sense that the public takes the NHS for granted. Participants pointed to missed GP appointments, and over-use of accident and emergency (A&E) as evidence for this.

Participants often spoke of health care provision in the United States to demonstrate how lucky we are to have the NHS. Participants appreciated that, unlike in the United States, they would not be denied health care services based on their ability to pay, and would receive the same level of care irrespective of their financial circumstances.

However, participants tended to be more negative about their day-to-day interactions with the NHS. They highlighted staff shortages and long waiting times – perceived to be the result of funding constraints – as two key issues that they felt



affected the quality of their experience. Aside from this, some suggested that the very fact that the NHS offers a ‘free’ service means that the quality of that service will be lower; they considered that the commercial imperative to drive service improvements is missing, which in turn negatively affects their experience.

I think it's good, but it could improve things like waiting times. They [the NHS] think 'they're getting it free so it's okay [for them] to wait'. Like waiting times for a doctor; you go to see the doctor and you wait for 30 minutes outside the room.

(Nuneaton, 21–32 years old)

There was also a sense that the NHS was not running as well as it should, with participants describing it as being in a ‘tangle’ or a ‘bit of a mess’. There were also frequent questions around efficiency, including how well-managed the NHS is at both a national and a local level.

These concerns led a small number of participants to believe that the NHS cannot continue with ‘business as usual’. The polling carried out by The King’s Fund and Ipsos MORI in 2017 as part of a separate piece of work found a similar trend, with just under a quarter of respondents (23 per cent) agreeing that the NHS cannot be maintained in its current form (Evans and Wellings 2017). However, as reflected in the deliberative events, 70 years after its creation, most people think that ‘the NHS is crucial to British society and we must do everything we can to maintain it’ (77 per cent). Participants also reflected on this in the online community after the events.

We were all in agreement that our NHS is in a mess, but we didn't want to lose it.

(Online community)

Views on the founding principles of the NHS

The groups discussed the founding principles of the NHS, and whether they still apply 70 years on. The founding principles participants were presented with were: a comprehensive service available to all, free at the point of delivery, and primarily funded through taxation.

Overall, there was general agreement with the founding principles and a strong sense that they are still relevant. However, there was some debate around how these principles can be applied in today’s NHS, which participants recognised has



to cater to a vastly different population to the one it did in 1948. They believed that longer life expectancy and a perceived increase in immigration has put the NHS under greater pressure, as it has to treat people living longer with complex and multiple conditions. With this in mind, a few participants questioned how the NHS can remain true to all three founding principles in future.

Comprehensive service available to all

On the whole, participants still supported the NHS providing a comprehensive service for all. They believed that everyone being able to access the same services, regardless of their income, is a great leveller and provides reassurance and comfort. This sentiment is reflected in recent polling, where 85 per cent said that this principle should still apply ([Evans and Wellings 2017](#)).

[It] makes a level playing field for people who don't have money – money is not the primary concern when you are ill.

(Nuneaton, 67–83 years old)

On further discussion though, participants struggled to determine how *comprehensive* the NHS should be. For example, they debated how it should provide services for conditions such as type 2 diabetes, which they considered to be partly a result of lifestyle choices.

Some participants suggested that not everyone has access to the same services or standard of care, and that this can depend on where you live.

For us it's a postcode lottery. You have different services in different areas and it's not right. In one borough you get however many rounds of IVF and in other boroughs it's different.

(London, 50–67 years old)

Further, given the funding constraints facing the NHS, some participants believed that high levels of immigration, coupled with health tourism, had put the NHS under considerable pressure, which led them to question the extent to which this principle should apply in future.



People are coming in to the country [and] get everything for free – that’s not right. I’ve paid taxes through working, they shouldn’t be entitled.

(Nuneaton, 35–50 years old)

However, other participants disagreed with this view, suggesting that overall, migrants have made a significant contribution to the NHS by working in frontline roles such as doctors, nurses or cleaners.

Free at the point of delivery and primarily funded through taxation

The other two founding principles tended to be discussed together. Participants largely agreed with the principle that the NHS should be free at the point of delivery. Again, this is supported by recent polling, where 91 per cent agreed that the NHS should be free at the point of delivery ([Evans and Wellings 2017](#)). However, some questioned just how ‘free’ the NHS actually is. They commented that although the service is free at the point of delivery, they have contributed to it financially through income taxes.

It’s free, in that if you have an accident you get the ambulance free. [But] you pay for it through taxes, so it’s not ‘free’.

(London, 33–50 years old)

Building on this, others raised the idea of ‘creeping’ charges such as payments for prescriptions and car parking. For these participants, this undermined the idea that the NHS is a free service.

Maybe they’re being eroded slightly with things like prescription charges... Maybe bits of privatisation.

(Preston, 37–46 years old)

Overall though, there was strong support for financing the NHS through taxation. Again, this is supported in recent polling with 88 per cent agreeing that the NHS should primarily be funded through taxation ([Evans and Wellings 2017](#)). Indeed, some participants suggested that they would be willing to pay more tax to ensure that the NHS could continue.



I would be happy to pay more – if there was a special tax of £10 per month and we all chipped in together. I can see the benefit. I’m not bothered about taxation, but don’t want privatisation.

(London, 21–33 years old)

The NHS at 70 – challenges and the future

Part way through the deliberative events, reflecting on the NHS on its 70th anniversary, participants were asked to consider the challenges facing the NHS, as well as the opportunities ahead. The topics participants were presented with were: longer life expectancy and increasing numbers of people living with multiple long-term health conditions; rising demand; and the slowed rate of funding in recent years. While these issues are discussed in more detail later in the report, here we discuss participants’ initial reactions.

Regarding funding, a large number of participants believed there is too much wastage in the NHS, and pointed to examples such as poor procurement practices and large information technology (IT) projects. Some also felt that the money the NHS did have was allocated poorly – for example, with too much spent on ‘middle managers’.

However, in spite of these concerns and criticisms, there was a strong sense that the NHS is under-resourced. Aside from raising taxes, participants were uncertain as to how this could be addressed. But finding a solution to under-funding was important to many participants – not just for themselves, but for future generations.

I think it’s highly important to have it there for generations to come; it’s up there with most important things for the government – it needs to be sustained for the future.

(Preston, 61–76 years old)

In relation to longer life expectancy and rising demand, participants also discussed the role of the NHS in keeping people healthy. While some participants believed that promoting prevention would save money and reduce demand, others argued that the primary purpose of the NHS was to treat unhealthy people, and that this should remain its main focus.



That said, there was strong support for the idea of individuals taking more responsibility for their health. It was argued that if the public did this – by moderating unhealthy behaviours such as excessive alcohol consumption and doing regular exercise – demand for NHS services would be reduced and it would require less funding.



3 Expectations of the NHS

This section describes public expectations of the NHS, including discussions about participants' own expectations, as well as what they thought about the public's expectations generally. This included whether the NHS met, fell short of or exceeded people's expectations.

Key findings

- People felt that we sometimes take the NHS for granted and that compared to health care systems in other countries, particularly the United States, the NHS delivers a good service.
- For the most part, people felt that the NHS met or exceeded their expectations, but they also felt that some people had unrealistic expectations – for example, expecting to be seen straight away when that is not always possible.
- People recognised that unrealistic expectations could be contributing to pressures on a service that they see as underfunded and struggling to cope with demand.
- Some older participants linked rising expectations to younger generations being more demanding because they expected things on demand in other areas of their lives.
- When people talked about their direct experiences with the service it was clear that there were many occasions when their expectations had not been met.
- However, even where people had negative experiences of NHS care, this did not lead to negative perceptions of the NHS as a whole.
- While people felt that expectations were realistic, some questioned whether the service they were getting was as good as it could be, and whether the fact that it was 'free' meant that people did not demand enough of it. Related to this, some felt that if they had to pay for it directly their expectations might rise.
- When comparing the NHS to other services, some participants noted that because it is so well-liked, people are less likely to complain about the service they receive.
- People do not see their relationship with the NHS as being the same as the one they hold with private companies; there is more of a sense of give and take.



Do we expect too much from the NHS?

In line with the polling we conducted in August 2017, most people felt that their own expectations of the NHS were being met or exceeded. The national polling showed that the majority of the public (53 per cent) felt that the NHS generally met their expectations, while 20 per cent felt that the NHS exceeded their expectations; 18 per cent felt that the NHS fell short of their expectations ([Evans and Wellings 2017](#)).

We asked the same question of people in the workshops and found very similar results; 25 per cent felt that their expectations were being exceeded, 48 per cent felt the NHS generally met their expectations, while 25 per cent said it fell short of their expectations.

Many participants felt that there are people who expect too much from the service and can, at times, take it for granted. Participants discussed whether the public should be more grateful for what they have. Moreover, there was a feeling that taking the NHS for granted can lead to unnecessary pressures on the system and particularly on staff.

People do expect too much – they want appointments too much, you can't expect to go straight into hospital; you've got to wait.

(Nuneaton, 33–50 years old)

If you go to A&E your medication is free. There are people who go to A&E because the prescription is free but if you go to the doctors you pay for it.

(Preston, 37–46 years old)

In part, unrealistic expectations were attributed to the NHS being free at the point of need. Some participants felt that this led people to use it without thinking about the possible strain that unnecessary use places on a service that they saw as being under significant pressure.

People expect too much of a service which is underfunded. We've come to expect free medical care, but it's impossible to maintain this service...

Unrealistic expectations.

(London, 33–50 years old)



Participants discussed whether expectations of the service have changed over time. Participants in the older age groups suggested that rising expectations were linked to younger people being more demanding of services than older generations. They felt that younger people were used to having things on demand because of the internet and other digital services, although there was no evidence from the younger age groups that this was the case.

Sometimes it's an age thing, we know how it used to be. A young person might think 'I want an appointment today'. They're less patient.

(Preston, 49–56 years old)

Do we expect too little from the NHS?

While there was a clear view that some people's expectations were unrealistic, participants also discussed whether the service they were getting was as good as it could be, and whether people's expectations are set too low – in part because of the overall affection in which the NHS is held and because the public realise the pressures staff are under and moderate their expectations accordingly.

My own expectations are more realistic. Waiting lists are very long, the service is good but the system is under an enormous amount of pressure. Staff are overworked... Who's caring about the staff?

(London, 33–50 years old)

There was also a suggestion that expecting more from the NHS could push up standards. For some participants, a free-at-the-point-of-delivery service means patients set their expectations too low.

It is free at the point of delivery, but that doesn't always mean that that is best – are we always getting the best service?

(Nuneaton, 33–50 years old)

Some people felt that because the NHS is so well-liked, it can mean people are less critical of a level of service that might not be acceptable in other areas of their lives.

When participants were asked whether their expectations of the NHS were different from their expectations of other public services, some thought that they



would be less likely to complain about the NHS than they would about other services such as transport:

People view the NHS as a good organisation and don't give other government institutions as much slack. TfL [Transport for London] is a public company and people like to complain about it a lot.

(London, 21–33 years old)

Participants were also asked whether their expectations of the NHS were different from their expectations of private sector companies. Most people felt that the two could not be compared and their relationship with the NHS was very different from their relationship with private companies:

No, it doesn't equate. With the NHS, there is no choice.

(London, 69–87 years old)

We give private companies much more of a hard time because they make so much more profit and have more money to play with.

(London, 33–50 years old)

We also asked participants whether their expectations would be raised if they had to pay for interactions with the NHS. Some suggested that this would not change their expectations. However, others suggested that an explicit link between appointments and payment would make them feel quite differently about their relationship with the NHS. These participants reflected that it would make them see their appointment as more transactional and they may want more from the interactions.

I would think that they were making money out of my illness. Maybe I would want a more prompt treatment, I would demand more.

(London, 21–33 years old)

Patient experiences of the NHS and impact on expectations

When reflecting on their own experiences of NHS care, people said that their expectations were largely driven by what they were used to and had previously



experienced. Indeed, many people found it challenging to think through what they expected because they had lived with the NHS for so long.

I've gone to the doctors when I've felt ill; every time in hospital it's been great; I don't expect anything but I am grateful.

(London, 50–67 years old)

People are using the system and they know what to expect. People's expectations are usually what they're used to. When I go to the GP I know what to expect. I wouldn't say [my expectations are low] but I would say that they are met because I know what to expect.

(London, 50–67 years old)

Where people felt that their expectations had not been met, examples tended to focus on not being able to get an appointment in good time, poor interactions with staff, or care worsening over time.

You don't have a community doctor now. I don't expect anything from them now. There aren't personal doctors, you're sitting one-to-one with a stranger.

(London, 50–67 years old)

It always exceeded my expectations when I was younger but the last couple of years they've been less good [doctors, rather than hospitals].

(Nuneaton, 21–32 years old)

Where people's expectations had been exceeded, it was often because the service had gone above and beyond what people were used to.

My last treatment in Princess Royal, it was better than I expected. They followed up with a telephone call afterwards to check how it was.

(London, 69–87 years old)



4 Prevention and keeping people healthy

This section outlines participants' views of where the balance of responsibility lies for prevention and keeping people healthy, before providing detail on the roles that participants think individuals, government, the NHS and others should play.

Key findings

- There was a clear recognition that more could be done to prevent ill health and promote healthy lifestyles to relieve pressure on the NHS.
- Much of the responsibility for staying healthy was placed on individuals rather than the NHS or government, although people felt the latter should play some role.
- People felt that individuals could do far more to look after themselves and stay healthy to relieve pressure on the NHS.
- The NHS was seen as having less responsibility for keeping people healthy than government.
- People saw the role of the NHS as a balance between keeping people healthy and treating people when they became ill.
- Most people felt that more could be done to provide information and support to help people live healthier lives.
- While staying healthy was primarily seen as the individual's responsibility, it was recognised that this is more difficult for some groups than others, particularly vulnerable individuals.
- People felt uncomfortable about the idea of limiting treatment for those who were unwell due to lifestyle choices. However, some thought the NHS and government should adopt a harder line, although it was difficult for people to agree on what this might look like. There were also concerns about where this approach might end.



- There was mistrust of a 'nanny state' approach to health, although when asked about specific interventions (such as the smoking ban), people saw these as positive.
- There was some mention of employers and communities having a role to play in keeping people healthy.

Overall views on the balance of responsibility for prevention and keeping people healthy

Before the discussion on prevention and keeping people healthy, participants were presented with different arguments on the balance between what the government and the NHS should do to support people to stay healthy – eg, stop smoking programmes, legislation on air quality – and what individuals should do – eg, eating a healthy diet, exercising regularly.

Participants recognised the potential for greater prevention and healthier lifestyles to save money for the NHS and relieve some of the burden on it. This was one of the areas that many groups spontaneously focused on following the presentation about the future of the NHS. They asserted that one way to respond to the challenges facing the NHS is for individuals to take more ownership of their own health, and for government and the NHS to do more around prevention, in order to reduce demand on NHS services.

If you're taking the healthy choice in the first place, you won't need the NHS. If you're healthier, everyone else will benefit and the strain on the NHS will be less.

(Nuneaton, 35–50 years old)

Overall, participants felt that individuals were largely responsible for keeping themselves healthy. They recognised that others (such as government and the NHS) have a role to play, but thought that it ultimately depends on individuals making healthy choices.

We've got education, but we've still got choices to make. You make it everybody else's choice. You can educate as much as you want, but the choices that you make are still your own.

(Preston, 37–46 years old)



This is corroborated by The King's Fund and Ipsos MORI's polling, in which two-thirds of the public (65 per cent) agreed that it is the individual's responsibility to keep themselves healthy, compared with just 7 per cent who said it is the job of the NHS to keep people healthy ([Evans and Wellings 2017](#)).

However, participants did not think that keeping healthy was solely the responsibility of the individual. It was seen as a combined responsibility, with government and the NHS also having a role to play in prevention.

If they helped more with keeping people healthy, then surely less people would be getting unwell? But if you leave it, then more people will get unwell. But they can do it only so much – we've got to do it ourselves.

(Nuneaton, 21–32 years old)

The NHS was typically, though not universally, seen as having less responsibility for keeping people healthy than government.

The responsibility is with the individual – it's not an NHS issue necessarily but the government have some form of duty of care.

(London, 50–67 years old)

Participants attributed some responsibility for keeping people healthy to government and the NHS partly because they thought that individuals were not always fulfilling their responsibility to keep healthy – albeit recognising that other factors such as education affect people's ability to do so. Other reasons for thinking there should be some level of government and NHS involvement in prevention were that they could provide information and support to help people, or that some actions (such as legislation and regulating industry) could only be undertaken by government.

The government has a duty of care regarding pollution, the sale of alcohol, and should run public information adverts re health matters... So both parties have to play a part... But more so the individual has to make positive choices, but know that the NHS is there to support when needed, not used because it is free.

(Online community)



The following sections provide more detail on the expectations of each group – individuals, government, the NHS and others – around prevention and keeping people healthy.

The individual's responsibility

There was widespread belief that individuals are responsible for their own health and that, in general, individuals could do more to look after themselves and stay healthy. However, this was not always seen to be easy; it was acknowledged that there can be tensions between, on the one hand, assigning responsibility to individuals and, on the other, recognising that individuals will often not take steps to live more healthily, even if they are given education and information to help them do so. This meant that lifestyles were not always healthy, which continued to have a negative financial impact on the NHS.

For a lot of people, keeping healthy is a choice not a necessity. A lot of people have that choice and choose not to.

(Nuneaton, 35–50 years old)

People mentioned some of the barriers that prevent people staying healthy, including a perceived lack of information and education on how to do this. Some also mentioned receiving conflicting advice.

What doesn't help is the message that one minute something is bad (eg, eggs). People get a view that they [the public health authorities] don't know what they are talking about and so they don't bother [to try to change their diet].

(London, 69–87 years old)

Some participants recognised that access to information and education was not uniform across the population, with a general desire for greater consistency or equality in knowledge.

Why do certain messages reach some groups in society and not others? For example, there's a huge difference in proportions of working-class and middle-class mothers that breastfeed – those who weren't breastfed have higher prevalence of certain diseases.

(London, 33–50 years old)



Similarly, a few participants recognised that it is more challenging for some individuals (such as those who are vulnerable) to take responsibility for their own health. These individuals would not necessarily be able to keep themselves healthy and would continue to require additional support from the NHS.

Finally, many groups mentioned the cost of living a healthy lifestyle as a barrier to keeping healthy, pointing (for example) to the cost of buying healthy food or joining a gym.

Fruit and veg is actually quite expensive... You realise when you're at university and stuff is really expensive; if I bought crisps it would be cheaper than buying fruit. The prices on things are difficult; if you're on a budget it's a massive thing determining what you can buy.

(Nuneaton, 21–32 years old)

Overall, although participants thought that individuals should do more to keep healthy, there were mixed views about following through with any specific consequences for those who become unwell partly due to lifestyle choices. It was recognised that it could be difficult for people to live healthily and some participants were uncomfortable with the idea of restricting treatment.

It's difficult... We all know what we shouldn't do but getting people to actually take responsibility in practice is difficult. If you smoke, are you responsible for your cancer, and the treatment? It's a slippery slope if you take that view.

(Preston, 49–56 years old)

However, other participants supported a 'stricter' or 'tougher' approach from the NHS and government to reduce the burden on the NHS.

I think if you were overweight to a certain point, they shouldn't operate on you.

(Preston, 49–56 years old)

Among participants who held this view, they found it difficult to agree which services should be limited, with concern about 'where do you stop' or how it would work in practice.



...I don't see how it could really be enforced but I do think people need to take accountability for their own health and shouldn't be able to rely on the NHS time and time again if they don't help themselves. It should be there for people that need it and have real reasons for using it.

(Online community)

Government's responsibility

In general, participants thought that government has a role to play in prevention and keeping people healthy. The government's role was partly seen to be around educating people and providing them with information to support them to make good decisions about their health. Participants were particularly keen on a government role in educating children and young people about healthy lifestyles, ensuring that they are given the tools they need at a young age.

If they want us to take responsibility for our own health, then they've got to help us with this... The communication and the education and giving opportunities for wellbeing and mental illness as well... There are mental health classes that you can go to for help with stress and anxiety, but even those sort of things, they need to be promoted more.

(Preston, 61–76 years old)

Participants also felt that government should play an active role in helping people to achieve things they cannot achieve as individuals. An example mentioned in many of the groups was taking action to make healthy foods more affordable. Another example was regulation – getting the food industry to reduce sugar and salt to make food healthier.

You always find that the healthier food is more expensive. So therefore that is where the government should get involved.

(London, 50–67 years old)

However, participants felt there was a balance to be struck between government intervention and a 'nanny state' – a term that was mentioned frequently. General concern about a nanny state affected how participants wanted government to communicate with them around healthy lifestyles. They were looking for advice,



positive messages and encouragement rather than being told what to do or being punished for 'bad' behaviour.

We live in a nanny state. They shouldn't tell you, they should advise you.

(Nuneaton, 35–50 years old)

Building on this, a small number of participants were strongly opposed to any government intervention.

I don't subscribe to the nanny state. It's up to the individual. I am anti-smoking as an ex-smoker, I am anti-alcohol abuse. I can't see the government wet nursing us about it, it's up to individuals. If they smoke, they will reap the results.

(Nuneaton, 67–83 years old)

However, while there was mistrust of a nanny state approach to health, when specific interventions were discussed, people were more in favour of state intervention in their lives. People mentioned the smoking ban, which was generally seen as a positive and acceptable intervention by government (even among those concerned about a nanny state) and a model that could be replicated in future to tackle other unhealthy lifestyles. Other examples given were fluoridating water, making it compulsory to wear seatbelts, and campaigns to make drink-driving socially unacceptable.

We can take from what's happened to smoking and apply it to alcohol in the future.

(Preston, 37–46 years old)

The NHS's responsibility

Participants were asked about the balance the NHS should strike between preventing ill health and treating people when they are unwell. For the most part, this balance was seen to be in the middle, with the NHS expected to do both or even tipping slightly towards helping people when they are unwell. In general, the NHS was also seen to have some role in prevention.

We expect the NHS to treat us when we're unwell. But let's be realistic – prevention is better than treatment.

(London, 50–67 years old)



The perceived role of the NHS in prevention was very much focused around providing information and support to individuals to live healthier lifestyles.

It's part of their job – make people aware of the health things they can do that will improve your choices.

(London, 69–87 years old)

Where the NHS was playing a 'stronger' role, beyond providing information and support, there were mixed views on the correct balance and how the NHS would be able to do this in practice – for example, what treatment the NHS should offer to someone who does not try to stay healthy.

A few participants also mentioned the need to focus on the root causes of unhealthy behaviours, not just on the behaviours themselves or their outcomes. This was seen as something the NHS could do to help people stay healthy.

Who sits and works out the cost – how much would a psychiatrist or counsellor cost against... drinking and having a heart attack or cancer?

(Nuneaton, 35–50 years old)

Others with responsibility

A small number of participants mentioned other groups in society who also have responsibility for prevention and keeping people healthy. These include employers with a duty of care to their employees, and companies involved in manufacturing and selling food and drink, although it was thought that government was responsible for making things happen in these areas.

Food companies and supermarkets have a responsibility to make sure food is affordable and workers are looked after.

(London, 21–33 years old)



5 How people use NHS services

This section sets out participants' views of how people use NHS services. This includes whether people use services in a responsible way – and what responsible use would look like – as well as thoughts on the role of the NHS in encouraging and supporting people to use services appropriately.

Key findings

- There was a widespread perception that some people did use services inappropriately on occasions. Specific examples included attendance at A&E as a result of excessive alcohol consumption, and missing GP appointments.
- There was a recognition that this placed additional pressure on NHS services, and that if people used services more appropriately, it would alleviate some of the burden placed on the NHS.
- Some felt that inappropriate use of services was partly driven by the fact that the NHS is free at the point of need and that people take it for granted.
- Some felt that the NHS was being used by people who were not entitled to free care, particularly 'health tourists'.
- Many participants questioned whether some of this perceived inappropriate use was indeed misuse, and was, in fact, driven by a lack of alternatives to services such as A&E. Some people attended A&E because they could not be seen elsewhere or were not aware of alternatives.
- There were mixed views about 111 as an alternative. People thought that GPs were increasingly hard to access, while people were generally positive about using their pharmacy.
- While it was recognised that people did, on occasion, misuse NHS services, there was also a strong feeling that the NHS did not always act responsibly – for example, cancelling appointments at short notice and being poorly organised.



- There was quite a lot of support for the idea of consequences if people misused services but a lack of agreement on what this might look like in practice.
- There were mixed views on whether people should be fined for missing appointments. Some felt that fines would act as a deterrent, while others felt they would be difficult to enforce and might discourage those who really needed care from attending, which was inconsistent with the principles of the NHS.
- There was broad agreement that the NHS needs to do more to explain to people how they should use the system.

Before the discussion on the use of services, participants were presented with different viewpoints on what the government and the NHS should do – eg, ensuring appropriate services were accessible – and what individuals should do – eg, keeping appointments and calling 111 for support with non-urgent problems.

Do people use NHS services responsibly?

There was a widespread perception among participants that many people misuse NHS services. This issue was alluded to a few times in earlier sessions and discussed in detail once participants had been presented with the debate on use of services. Participants spoke about people using services when they did not really need to (ie, it was not justified by clinical need), or as a result of unhealthy behaviours such as drinking too much alcohol or taking drugs.

There are always people who use it irresponsibly, particularly for A&E. I've seen people going there, alcoholics, who just want a bed for the night.

(Preston, 25–35 years old)

Participants also raised the issue of people missing appointments or arriving late. However, there was also a view that misuse was overplayed by the media, and that most people use services in the correct way.

Discussions focused on GP and A&E services, although some participants also referred to people calling 999 services unnecessarily. Participants tended to talk about these issues in relation to the wider population rather than themselves (although some admitted to being confused by what 'appropriate' service use was,



as discussed below). A few participants suggested that service use differed between generations. Those who raised this issue seemed to agree that older people tend to take a more responsible approach to using services than younger people.

The public are told not to go to A&E... The older generation do that, the younger generation don't respect that and will go.

(Preston, 61–76 years old)

In some groups, participants highlighted the consequences of people misusing services. These included the impact on other patients needing treatment (the idea that missing an appointment meant preventing someone else from using it), but also the impact in terms of NHS resources. During the discussions, groups often referred more generally to the pressures on NHS services and staff – in some cases, linking this to issues around funding (which were discussed in detail later in the workshop).

The cost of people not using services responsibly is that other people are missing out on treatment that they actually need.

(London, 33–50 years old)

Why do people misuse services?

Participants provided a range of explanations for what they considered to be inappropriate use of NHS services. There was a strong feeling that people were 'abusing' services because they saw them as free, and a suggestion that this type of behaviour is inevitable when people are not charged for using a service.

We're spoilt. You can go in and it won't cost you anything.

(London, 69–87 years old)

A small number of participants also referred to 'health tourists' who come to the United Kingdom from other countries in order to access NHS services, as well as to 'English-born people living abroad' who return for NHS treatment.

However, many participants attributed inappropriate service use to the difficulty people have in accessing alternatives. A number of participants suggested that people went to A&E because they were unable to get an appointment with their GP. In many



of the groups, this led to a more general discussion about how difficult it is to access some NHS services. People spoke about GP services in particular, but also about 'walk-in centres', which a few people thought had reduced in number over time.

People are going straight to A&E because they couldn't get the services they want anywhere else.

(London, 50–67 years old)

You call up at 8am to get a GP appointment and it's like a zoo trying to get in. You call up and you don't get an appointment.

(Nuneaton, 21–32 years old)

Other participants suggested that people used A&E and GP services because they felt they had not received adequate or appropriate advice from other services. Views on NHS 111 in particular were very mixed; some felt it could help prevent people misusing services, but others suggested it could contribute to the problem.

It's reassurance if you call 111; they calm you down by telling you that you'll be okay; they help you to understand.

(Nuneaton, 21–32 years old)

[NHS] 111 really is useless. I had a pain in my leg, they said 'go to the hospital', but I knew it wasn't serious so I didn't go.

(London, 69–87 years old)

Some participants suggested that many people simply were not aware of the range of services available. Linked to this, there was a sense that people often found it difficult to know which services they 'should' be using when, and that the advice from professionals on where to go varied. A few participants gave examples of having been told by a health professional to go to A&E, and then deciding for themselves that it was not necessary – and vice versa.

For me, there's no line between what's an emergency and what's not, unless you're bleeding to death. What's an emergency and what's not? I've used 111 and... ended up in A&E.

(Preston, 37–46 years old)



How should individuals use NHS services?

There was widespread agreement on what responsible service use would look like. For example, participants agreed that people should make sure they attended their NHS appointments (or cancel if they could no longer make them) and should arrive on time.

Stick to appointments, [don't] expect the NHS to take responsibility for you getting there.

(Preston, 61–76 years old)

There was also agreement that people should not use services for 'trivial' problems. Linked to this, some participants suggested that it was the individual's responsibility to make use of a wider range of services, rather than relying on general practice and A&E. The services most commonly referred to as alternatives to GPs and/or A&E were pharmacists and NHS 111, although a small number of participants referred to walk-in centres.

They want common sense – using services sensibly and knowing where to go for the right service. Not just calling 999 when there's no KFC.

(Preston, 49–56 years old)

You should go to the pharmacist first, try and self-medicate where you can. Then you should go on to the GP.

(Preston, 49–56 years old)

Does the NHS support people to use its services appropriately?

As already noted, participants mentioned that a range of NHS services are available, enabling people to use services responsibly by seeking advice from health care professionals outside of general practice and A&E services. Some linked this to the wider context of alleviating NHS pressures.

I don't feel that it [seeing a chemist] is a waste of NHS money and relieves the doctors' appointments.

(Nuneaton, 35–50 years old)



However, participants also raised a number of issues to suggest that the NHS did not always make it easy for people to use services in an appropriate way. For example, although participants acknowledged that a range of services are available, there were mixed views on the quality of wider NHS services (particularly, as already noted, pharmacy services and NHS 111). Not all participants felt comfortable with the idea of relying on these professionals for advice.

Many participants also referred to the difficulty in accessing the full range of NHS services (particularly general practice), which would help prevent people using A&E unnecessarily. This was seen as a primary driver for people misusing some NHS services, as previously described. A small number of participants also highlighted the variation in the breadth and quality of NHS services between different areas, which could add to the difficulty in knowing which service to use.

There is no consistency between areas. We live relatively close [to each other] but there is a huge difference between the services.

(Preston, 61–76 years old)

As well as comments about the range of NHS services available, some participants highlighted poor organisation within the system – such as appointments being changed at short notice, and other activities that they considered to be wasteful.

It's a bit ridiculous. It [a regular appointment] doesn't take 5 minutes of actual time, but they say they can't do it over the phone. They say I have to be there [in person]. It's so expensive, and I have to waste time going there.

(London, 69–87 years old)

What role should the NHS play in promoting responsible use of its services?

There was a clear sense among participants that the NHS could and should do more to encourage people to use its services responsibly, although there were different views about what this should involve. Groups discussed consequences for people who misuse NHS services, as well as steps the NHS could take to help encourage more responsible service use.



Imposing consequences for misuse of services

There was much debate around whether the NHS should introduce consequences to discourage misuse of NHS services. Many of the discussions focused on financial penalties or fines, but the idea of patients being 'struck off' GP lists was also raised.

Participants had different views on how fines might work. Some discussed imposing fines on people who attend services with only minor conditions, and on people attending A&E unnecessarily – particularly after drinking too much alcohol. More commonly, participants talked about fines for people who were late for appointments or failed to attend. Groups discussed whether a penalty should be applied automatically, or only after a certain number of failures to attend. There was also a suggestion that this type of system would need to consider why the individual had missed their appointment, as some reasons are more 'valid' than others.

If you call an engineer and [are] not at home, then you're going to get a call-out charge. So, if you book a GP appointment and you're not on time, then maybe there should be some type of penalty. If you let them down three times in a row, maybe it should be reflected on your record that maybe you're a bit of a time-waster.

(London, 21–33 years old)

Support for the NHS adopting such schemes was mixed. The primary argument put forward in favour of fining people who misused services was that it would act as a deterrent. A number of participants argued that the threat of a fine would encourage people to use services only when they really needed them.

Charging people who don't turn up for appointments would stop people wasting time...

(Nuneaton, 35–50 years old)

Arguments against imposing financial penalties were more varied. Some participants thought a system of fines would be difficult (and potentially expensive) to enforce and, in practice, ineffective. A few argued that many people would not be capable of paying a fine and that the NHS was unlikely to turn away someone if they really needed to be seen anyway.



But if you're the type of person who continually misses appointments, you probably won't be able to pay anyway. The people who can pay will show up. If they haven't got the money you can't get the money from them; you can't get blood from a stone.

(London, 69–87 years old)

It was also suggested that a system of fining people for missed GP appointments risked encouraging more people to attend A&E.

A number of participants were uncomfortable with the principle of fining patients. Some suggested that, regardless of how responsibly they used services, anyone with a real clinical need should always be able to access NHS care easily. There was also some concern that a system of fines might discourage people from seeking care, and a few participants argued that vulnerable people (such as people with dementia) might lose out from this type of system.

If you have a genuine need, it should be free.

(Nuneaton, 35–50 years old)

But charging people will put some people off when they need to go.

(Nuneaton, 21–32 years old)

It was also suggested that a system of penalties was inconsistent with the principles of the NHS, and may have wider implications.

I don't think you should penalise people for misusing as it defeats the purpose of it being free. I just think that people should be less entitled. It's free for everyone so they should realise they are a stakeholder.

(London, 21–33 years old)

Better advice and information

The other area where participants saw a role for the NHS in promoting responsible use of services was in the provision of advice and information.

A common view was that the NHS should be better at providing people with advice as to when to use which services, and on 'what constitutes an emergency'. This message was closely linked to the view, set out earlier, that many people use



services inappropriately because they do not know which services they 'should' be using.

It's all about knowledge – if we all had the right information, we wouldn't use services inappropriately.

(London, 33–50 years old)

Similarly, several participants suggested that the NHS should be doing more to advertise the wide range of services which are available, outside of A&E and general practice, and that these services should be easier to access. Within this context, a small number of participants suggested that GPs should operate longer hours.

The NHS should supply information on how to use their services efficiently.

(London, 33–50 years old)

A few participants commented that the NHS's existing efforts to remind people about their upcoming appointments were very helpful. A few also suggested that giving people more information on the cost of NHS services would help encourage more responsible use of services.

I had a letter from the hospital that said 'please attend' and it said the appointment would cost £150 to the NHS. It makes you think about the cost. It's a good idea.

(London, 69–87 years old)



6 Funding

In this section we explore participants' views of NHS funding: whether the service is adequately funded, how well it uses its resources, and possible policy measures to help address the funding challenge.

Key findings

- There was widespread recognition that the NHS is underfunded and people largely felt this was because the government was not giving it enough money.
- Despite this, it was also widely agreed that the NHS does not spend the money it does receive well and that there is a lot of waste in the system.
- NHS use of the private sector, through outsourcing and private finance, is often seen as a key driver of waste.
- Participants cited examples of where money could be saved, including procurement, not spending money on expensive agency staff, and reducing the number of managers.
- When asked to think about what services the NHS could stop delivering to meet its budget, people found it difficult to agree on what these might be.
- Participants mainly supported the idea of raising taxes to pay for the NHS.
- If taxes were to rise, many participants wanted to see improvements in the health service and a commitment to reduce waste.
- People wanted to know that tax increases would definitely go to the NHS rather than being diverted to other government budgets.
- It was for this reason that those who would be willing to pay more tax favoured a dedicated tax for the NHS – they did not trust the government to spend it on the NHS and wanted to ensure transparency around how any increased revenue would be spent.
- Support for a ring-fenced tax was by no means universal, and some questioned the added complexity it would bring.



- Many participants thought taxes would inevitably have to rise to give the NHS the funds it needs, but this view was by no means unanimous. Others thought the money should be raised from elsewhere, including the money we would get back from leaving the European Union (EU), reducing spending on other government budgets, increasing corporation taxes, or introducing charges for some NHS services.

Before the discussion on funding, participants were presented with arguments that the government and the NHS should ensure money is well spent – eg, by maximising productivity – and that individuals should be prepared to contribute to the growing cost –eg, by paying more tax.

Does the NHS need more money?

Many (though not all) participants thought that the NHS needs additional funding. Even early in the discussions at the deliberative events, before they had been presented with more information about the challenges facing the NHS, participants touched on questions of NHS funding. There was a general awareness among participants that the NHS is facing a significant funding challenge and this was often attributed to government policy.

Government are not giving enough money to [the] NHS.

(Preston, 61–76 years old)

Alongside acknowledging the pressures of a growing population and more older people needing care, reflections on frontline staff working in difficult circumstances stood out as particularly important to participants.

I think the whole of the NHS needs more money. More funding for nurses and stuff...

(Nuneaton, 21–32 years old)

After the events, participants were asked (through the online community) what they had been talking to friends and family about as a result of the workshop. Most said they had spoken to friends and family about funding.



I've been talking mainly about the funding needed for the NHS and the willingness to pay more income tax.

(Online community)

The view that the NHS needs more money was widespread in the workshops. This reflects very recent survey findings, analysed as part of this project, which show that 86 per cent of the public think that the NHS is facing a major or severe funding problem (Evans 2018).

Does the NHS spend money well?

Despite believing that the NHS needs additional funding, when we explored participants' perceptions of how the NHS uses its resources, concerns about how it spends money was a recurring theme. This had also emerged spontaneously earlier in the discussions.

For some, the NHS's relationship with the private sector was a particular concern, and they cited outsourcing of NHS care to private hospitals as an area where savings could be made.

It should save money where it's spending it incorrectly, like private hospitals...

(Preston, 37–46 years old)

Related to this, some participants raised the NHS's use of private finance initiatives (sometimes referred to as PFIs) to build hospitals, and their financial legacy.

The rent that they're paying for the hospitals... The Labour government built all of these hospitals and now there's financial issues.

(Preston, 37–46 years old)

Other conversations focused on how the NHS uses some consumable goods. A number of participants mentioned medications and equipment as areas of waste.

[You] can't bring crutches back. They won't allow you to give [crutches] back. What is the waste over the country?

(Preston, 61–76 years old)



How the NHS sources goods was also highlighted, with some participants pointing to variation in prices that different NHS organisations pay. This echoed earlier concerns that were raised spontaneously about waste in NHS procurement.

Hospitals are spending a lot of money on buying stuff; some hospitals buy it cheap and some buy it very expensively. They need to be economical.

(London, 21–33 years old)

Another example of this kind of waste was the NHS procuring IT systems that were obsolete and did not work when implemented.

They wasted tens of billions of pounds on IT systems that just fail. There needs to be better communication between health systems... Sometimes you have to have a test twice because of the different IT systems. If you multiply that around the country, it's a huge, enormous waste of money... And it's across the NHS, facilities, procurement, general incompetence as well, it's a waste of money.

(Nuneaton, 67–83 years old)

Another theme of the conversation about waste focused on how the NHS organises its workforce. For example, some participants pointed to the service having too many managers – the value of which they questioned.

...I do believe definitely there is scope [for efficiency savings]; and I think there's loads of money up in there somewhere that's not accounted for. Thousands of people look at [the] NHS every day and try to come up with different ways of thinking. NHS has all this money and managers and no one really knows what the hell's going on.

(London, 21–33 years old)

Some argued that resources should be directed to frontline staff and patient care instead.

Over the last 25 years it has gone right downhill, and it's down to the management changes. There needs to be more frontline staff, like it used to be with the matrons.

(Preston, 49–56 years old)



Other examples of waste associated with the workforce focused on the NHS's reliance on agency staff and the cost premium this introduces.

Why do they keep having agency staff costing a fortune? Why aren't they training staff?

(Nuneaton, 35–50 years old)

Despite the widespread perception of waste, this did not stop many participants holding the view that the NHS needs more money. However, a few participants argued that additional funding for the NHS should be conditional on it eradicating waste.

Do something about waste and where it's going wrong before increasing taxes.

(Nuneaton, 35–50 years old)

Related to this, some participants also expressed enthusiasm for greater transparency over how the service uses its resources.

If it's our NHS then it should be completely transparent and we should all see where the money is going, and I think that would incentivise or encourage people to want to pay for it more.

(London, 21–33 years old)

Funding solutions

Having established the extent to which participants believed the NHS needs more money, the discussion explored a number of possible policy responses. This included some measures that would demand a greater contribution from individuals (for example, tax increases) as well as measures that would involve action from the NHS or government (such as not providing all services to all patients, or 'rationing' – see below).



Tax increases

A key question was the extent to which participants would be willing to pay additional tax – general tax or a dedicated NHS tax² – to fund the NHS. Paying more tax was something that participants had already raised spontaneously earlier in the discussions before hearing more about the challenges facing the NHS, with some participants believing from the outset that personal taxation would need to increase to fund the NHS adequately.

We have to put taxes up a bit.

(London, 69–87 years old)

Participants generally expressed a readiness to pay more tax to fund the NHS. Indeed, many expressed this view without hesitation.

I'd happily do it... If it's going to benefit me and my children and make this project fully viable, I'm happy to.

(Preston, 37–46 years old)

These findings are in line with polling conducted by The King's Fund and Ipsos MORI, which found that two-thirds of the public (66 per cent) said they would be personally willing to pay more tax to maintain the current level of NHS provision (Evans and Wellings 2017). Analysis of the 2017 British Social Attitudes survey found a large increase of 21 percentage points since 2014 in willingness to accept some form of tax rises if the NHS needed more money (Evans 2018).

In the deliberative events, some participants said they were willing to pay more tax only if the proceeds were guaranteed to go to the NHS; a small number expressed this view before the idea of a dedicated NHS tax was introduced into the conversation. Participants who supported ring-fencing often did so on the basis that it would provide them with greater clarity over where their taxes go. A level of distrust of government to spend the proceeds from general taxation on the NHS also seemed to inform this view.

2. A hypothecated tax was explained to participants as: 'One idea being proposed is a dedicated NHS tax. This would be a new tax specifically for the NHS. The money from taxes would be ring-fenced for the NHS, preventing it being used for any other purpose.'



I think I'd prefer it; I'd know at least that a percentage of my money is going to the NHS. I don't know where the [general] tax is going.

(Nuneaton, 21–32 years old)

In response to a question (to the online community) about what had stayed in people's minds the most after the workshops, participants commented on how noticeable support for tax increases was, especially if ring-fenced.

That most people were keen that the NHS should continue its role as a free for all service but that most people would be willing to pay more income tax to fund the service, if the income tax were 'ring-fenced'.

(Online community)

Echoing participants' views, analysis of the 2017 British Social Attitudes survey by The King's Fund suggested that increasing existing taxes is less popular (26 per cent) than paying more through a separate tax going direct to the NHS (35 per cent) ([Evans 2018](#)).

When a dedicated NHS tax was mentioned in the deliberative events, a number of participants asked questions about how it would work in practice. Some did not want to commit to supporting an NHS tax without knowing how much it would cost them personally. There were also concerns that less well-off people would not be able to afford a tax rise.

But some people can't afford to buy food and pay rent at the moment. Where will they get the money from? Times are hard.

(London, 69–87 years old)

In line with these concerns, some participants argued that any dedicated NHS tax would need to be tailored to individuals' circumstances.

I'd agree with the tax if it was means-tested, and it was a specific tax for the NHS.

(London, 69–87 years old)

A small number of participants also challenged the principle of ring-fencing, questioning what value it would add, and suggesting it would simply add another layer of bureaucracy.



What's the point of that? It's just another layer.

(Preston, 25–35 years old)

Overall, on tax, there was a prevailing sense that participants were willing to take on responsibility for contributing more in tax to support the NHS (notwithstanding concerns about how the least well-off would be affected). This willingness was, for some, strengthened if there was assurance that the additional money raised would be dedicated to the NHS.

Rationing

Turning to what the NHS could do to live within its means, participants were invited to consider the possibility of the NHS rationing services. Participants' views on this issue were mixed: while some were receptive, others expressed deep unease, although a lot seemed to hinge on what element of health care was being discussed.

Participants generally supported the idea of requiring patients to purchase low-cost medicines that are easily available without a prescription (which are free of charge for many patients due to exemptions).

If you can get them in the shop, you shouldn't be able to get it through your GP.

(Preston, 25–35 years old)

Other options for rationing NHS services were more contentious. For example, some participants explored the idea of limiting IVF availability on the NHS, but this was challenged more widely by other participants.

Anyone who's had kids will say scrap fertility [treatment]. [But] I don't think any one person can dictate what someone should and shouldn't provide treatment for.

(Preston, 37–46 years old)

These examples give a sense of the complexities of public feeling in relation to rationing: while some rationing might be acceptable to the public, it is difficult to reach agreement on what should and should not be rationed, as it depends on the context of each individual patient and their needs.



Nuance around what the NHS should do if it exceeds its budget can also be seen in the British Social Attitudes survey. In 2017, this found that the most popular measure if the NHS ran out of money was to stop providing poor-value treatments (49 per cent of adults). This was followed by restricting access to non-emergency treatment (22 per cent). However, after that, 16 per cent of people said, without prompting, that they did not want any of the proposed cost-saving measures to take place. Options such as raising the threshold for how sick people have to be before they are treated (9 per cent) and delaying treatments (2 per cent) were both unpopular (Evans 2018).

Diverting money from other areas of public spending

Alongside exploring what the NHS can do to make optimal use of its resources, some participants looked to the government to potentially redirect resources from other areas of state activity to the NHS. For example, some argued that defence and international development aid could be deprioritised.

I think they should cut the defence budget... We have a new aircraft carrier and we can't afford to get planes on it. I feel strongly about it. Cut foreign aid; it's abused.

(London, 69–87 years old)

Others suggested that resources be redirected from public services such as the other emergency services. For instance, the fire service was cited based on the belief that its level of demand is not comparable to the health service.

They [the fire service] will still need the funding, but there aren't as many fires as people who use the NHS. Surely we could look at the research and statistics to see how we could use the money?

(Nuneaton, 21–32 years old)

Related to these arguments, some participants mentioned the UK's vote to leave the European Union and the high-profile commitment by the official Leave campaign to increase NHS funding (using money paid to the EU). In their eyes, this seemingly undermined the case for tax increases, as this money could be directed to the NHS.



I would say that we're saving £350 million coming out of Europe – where's that going?

(Preston, 37–46 years old)

Raising additional revenue from other sources

Participants also discussed other ways the government could raise revenue for the NHS. For example, some thought that fundraising for the NHS, similar to charities, should be explored before taxes are increased.

I think there's better solutions than just increasing tax, like fundraising like cancer research and making people aware. People would donate to it.

(Preston, 25–35 years old)

Some participants built on earlier conversations about charges by discussing whether service users could be another way of raising revenue. A few participants focused on charging patients from other countries (either charging them personally or their domestic health system) for using NHS services.

Charge health tourists back to the country they've come from.

(Preston, 37–46 years old)

However, as described in the previous section, the justification for charging service users was not exclusively to raise funds; promoting more responsible use of services was another potential benefit of levying charges.

If you'd paid for it, it would make you think twice about whether you needed it. If I needed something, I'd find the money.

(Nuneaton, 35–50 years old)

Despite some support for charging, many participants were resistant. Concerns focused on what impact this would have on people's willingness to access care, particularly those who are least well-off, and the potential long-term consequences for their health.



[There are] two sides to it. Would people miss appointments if they couldn't afford it?

(Nuneaton, 35–50 years old)

In the analysis of the British Social Attitudes survey, options for charging tended to be less popular than options for raising taxes. For example, 11 per cent of the public thought that people should pay £10 for a GP or A&E visit; 8 per cent thought that people should pay for non-medical costs (eg, food in hospital) as a means of raising more money, and just 2 per cent supported ending exemptions from current charges as a means of increasing NHS revenue ([Evans 2018](#)).

What does the NHS need to deliver in return for increased taxes?

Participants were asked to consider what they would expect of the NHS if taxes were increased. In general, they felt that simply maintaining the status quo would not be acceptable: they would expect some improvements. For some, it was imperative that the NHS improves efficiency:

However, if we did pay more money we would need more efficiencies, and if that doesn't happen, the public mood would swing.

(London, 50–67 years old)

Others would expect to see improved access to care – for instance, GP appointments and diagnostics – in return for paying more in tax.

If I thought 'so I'm paying more tax for the NHS', I then expect to get an appointment to see a GP and get diagnosed that day... If I'm paying more though, I expect more.

(Nuneaton, 21–32 years old)

A number of participants also indicated that there are particular priorities within the health service that they would want to see additional money channelled towards. A recurring theme here was that additional money should reach the front line, with an emphasis on more (and better-paid) doctors and nurses.

If they had more money, they could raise the wages of the nurses and doctors.

(London, 69–87 years old)



7 Developing a deal

This section explores participants' views on developing a deal to represent the future relationship between the public and the NHS/government. It first looks at views of a deal (or 'contract') between the public and the NHS, before discussing participants' own designs for what this might look like.

What do people think about a 'deal' between the public and the NHS?

The idea of a 'deal' was mentioned in the presentation about the future of the NHS, referencing previous initiatives such as the NHS constitution ([Department of Health 2015](#)), so that participants could begin considering it during their more detailed discussions about prevention and keeping healthy, use of NHS services, and funding. After these discussions, they were presented with a deal developed by Wigan Council, that described the council's role ('Our part') and the citizen's role ('Your part') (see Figure 1).

Figure 1 Wigan Council's 'deal'





Across the discussions there was widespread agreement that a deal could be valuable in clarifying the balance between an individual's responsibility for their own health and the government's and/or NHS's responsibilities.

It's managing expectations for both groups – we need to know that we're responsible for certain parts but they're responsible for this part.

(London, 21–33 years old)

For some, there was a sense that an element of a deal already exists in the public's relationship with the NHS – for example, where operations or treatments are withheld from people who are not fit and healthy enough to receive them.

We ought to treat it like a contract: you will look after yourself to the best of your ability; have some exercise... [The] self-interest should be in there to look after your own body.

(London, 69–87 years old)

Participants liked the fact that having a deal would formalise the individual's responsibility for their own health. This would have the benefit of emphasising individual accountability when it comes to their health and use of NHS services.

I believe the idea of a charter, although slightly bureaucratic, would really help to create some stability between the people and their NHS. It would help us, the public, to appreciate the service more, and an agreement would prevent a strong one-way feeling of entitlement to the service that results in people missing appointments, or abusing the service.

(Online community)

However, some participants were more hesitant about the value of a deal, or how it might work in practice. There was general resistance to any deal being too formal or punitive (for example, they would not want treatment to be withheld should a person not uphold his or her part of the deal). Similarly, they recognised that a deal would be difficult to enforce and to promote, which raised questions about its value.

I don't think it would work. Take drug addicts, how are they going to adhere to a contract?... People don't turn up for appointments, so it's difficult to make a contract.

(Preston, 61–76 years old)



There were also concerns about how a deal would work for the more vulnerable people in society, who may find it more difficult to fulfil their side of any deal.

Designing a deal

Having been shown the deal developed by Wigan Council, participants were asked to put together their own design, depicting what the NHS/government should do versus what the public (individuals) should do. These 11 deals are provided in the appendix, and summarised below.

Looking at the common themes that emerged, participants expected the NHS/ government to commit to the following as their part in the deal:

- provide services that are easy to access
- use resources efficiently and reduce waste
- employ enough staff and treat them fairly
- provide support and advice to people to help them stay healthy
- treat all patients equally.

In return, the public's responsibilities lie in:

- using NHS services responsibly
- staying healthy
- paying for the NHS through taxes
- supporting the community
- valuing the NHS.

These themes are expanded on below.

What the NHS or government should do

A strong theme across all the deals designed by participants was the need for the NHS to continue to **provide essential and accessible services**. Participants would



like to see an expansion of services to meet demand, with improved access to GPs, more hospitals and larger hospitals with more beds, and more staff. The deals also included suggestions for the range of services participants would like to see: including annual health checks, walk-in centres and minor injury units, and more telephone services to meet demand. A few deals included suggestions to restrict certain treatments – for example, for obese patients and smokers – and to not provide some procedures (such as sex change operations, tattoo removal or breast implants).

Though it was discussed consistently across the groups, the need for the NHS to provide better support to help people use services appropriately was only noted on three of the deals. These groups would like to see better promotion of the range of services available, including encouraging the public to use pharmacies, and sending reminder texts for appointments.

How the NHS is **funded and how it spends money** featured prominently in the deals. The most common theme was the need to reduce waste by using resources efficiently. Participants felt that the NHS should also consider new ways of increasing funding. The requirement for the NHS to remain public, with less outsourcing to contractors, also featured in two of the deals. Participants also called for greater transparency about how public funds are spent.

Linked to the responsible use of NHS resources (though a less common feature across the deals) was the **treatment of staff in the NHS**. Two of the deals wanted a guarantee that staff would be adequately trained to do their jobs and permitted to carry out the role they had been trained for. Others noted the need to value staff, with a focus on retention and incentivising staff to stay in their roles (for example, through equal pay and stress management).

Participants felt that advice and **support to people to stay healthy** was an important element of what the NHS/government should be doing to uphold their side of any deal with the public. This was largely around the provision of education and information to help people eat healthily – for example, nutritional education in schools and better weight loss advice and support. The need for the public to be provided with information on illnesses and how to prevent them was also an important aspect of this.



Finally, the NHS founding principles remain an important element of any deal. Specifically, participants felt that a deal should stipulate the provision of a free, consistent health service for all, which **treats all patients equally**.

It is notable that the deals generally did not include quality of care or clinical aspects as one of the NHS's contributions to the deal. Other research suggests that the public consider quality of care to be a given – something they simply expect to happen. They can also find it difficult to assess the quality of care and so are more likely to focus on other elements that are more straightforward to judge. The absence of quality of care points to the deals being seen as separate to the usual good care that people would expect the NHS to provide them with.

What the public should do

The requirement for the public to **use NHS services responsibly** was an important component of all the deals designed in the deliberative events. Attendance at appointments and keeping to appointment times featured strongly, as well as using the right services at the right time – for example, pharmacy and NHS 111 to reduce demand on GP and A&E services. Less reliance on the NHS and a greater focus on self-care also featured in some of the deals as a way of reducing demand on services. Another less common element was the need for patients to follow the advice of doctors – including medicines adherence.

Participants also recognised their own responsibility to **stay healthy** to reduce demand on NHS services. They wanted to see a commitment from the public to maintain a healthy diet and take regular exercise, including moderate drinking and no smoking. They also suggested that the public should be encouraged to act on symptoms and attend regular check-ups to stay healthy.

As part of the deal participants thought the public should **pay taxes and National Insurance to ensure the NHS is properly funded** – although around half of the deals did not acknowledge the public's role in funding services. For many, this could also involve paying more than at present. This would be through a dedicated tax, or more contributions to the cost of care from those who could afford it.

Emphasising **the role of the community** in promoting good public health also featured in over half of the deals. The role of the public to look out for others



and ‘come together as a community’ was an important commitment. In Preston, the deals focused on encouraging people to become more informed and active members of their community – for example, by helping others, engaging with issues, and joining patient user groups.

Finally, participants believed that the public’s **attitudes towards the NHS need to change** and the NHS needs to be valued more. In some of the deals, participants wanted the public to stop taking the NHS for granted, appreciate the services it provides, and maintain a positive outlook, reflecting the place the NHS holds in British society.

Naming ‘the deal’

The names participants chose for their deals show that they saw it as something that is co-operative, mutual and aspirational. Participants felt that the term ‘contract’ denoted a relationship that is too formal, and some did not like the term ‘deal’ for the same reason (although ‘new deal’ was suggested by one group and ‘deal or no deal’ by another). However, the name was not seen to be as important as the content.

The name isn’t so important. This should just be the norm!

(London, 33–50 years old)

Nevertheless, terms that encapsulate the reciprocal relationship between the public and the NHS resonated with participants: ‘the balance’, ‘mutual agreement’, ‘us and them’, ‘yin and yang’, ‘the give and gain’ and ‘the pledge’ were among the suggested names for the deals. Participants also put forward terms that reflected the co-operative nature of the agreement between the public and the NHS: ‘community’, ‘partnership’ and ‘collective responsibility’. Names that denoted the ambitious and enhancing nature of a deal were also suggested: ‘Aspirations for our NHS?’ or ‘Betterment of the human race’.



8 Key findings

- Seventy years on from the birth of the NHS, the relationship between the public and the health service remains as strong as ever. Participants felt lucky to have the NHS and reflected that it should not be taken for granted. However, they were also aware that the NHS is facing considerable challenges as it approaches its 70th birthday, particularly around funding
- Overall, people believed that the founding principles of the NHS – free at the point of need, available to all and funded through taxation – are as relevant today as they were in 1948.
- Like any relationship it is not perfect, and the public highlighted a number of areas where the NHS could improve – not least around waste. They also reflected on what more people could do to help sustain the NHS, particularly around using services appropriately and taking responsibility for their own health.
- While there was a feeling that some people do take the NHS for granted and demand too much of it, participants mostly felt that their expectations were being met, and that these expectations are realistic and take into account the pressures they know the service is facing. Moreover, they reflected that they are not as demanding of the NHS as they are of other services in their lives – partly because they understand the pressures that the system and staff are under.
- While there is strong public support for the NHS as an institution, not all people have positive experiences of it, and some are critical of certain aspects of how the system is run. There was a strong sense that some services – particularly GP services – should be easier to access. There was also a sense that many activities, such as the management of appointments and sharing of information across the system, are poorly organised.
- The public considered these to be largely systemic issues and see the government and politicians as responsible for addressing them. Lack of funding is seen as a particular problem. In general, the public does not consider NHS staff to be responsible for people's poor experiences of the NHS, and are



hugely sympathetic to those working within what is seen as a system under considerable strain.

- The public would be willing to pay more tax to maintain the NHS, and many people saw a dedicated NHS tax as the best way of doing this. If there were an increase in taxes people would expect the NHS to tackle waste and offer improved services.
- People accepted that individuals are responsible for using services appropriately, but some felt that not everyone does, and this places additional pressure on those services. Some people felt the NHS could do more to support people to use services appropriately by providing clearer information and advice, and better access to a wide range of services that are clearly signposted.
- The public accepted that individuals have a key role in keeping themselves healthy but there were mixed views about the role of the NHS – and wider government – in addressing this issue. While there was some appetite for more advice from government, there was mistrust of a ‘nanny state’, although many examples of government intervention (such as the smoking ban) were widely supported.
- The public recognised the concept of a contract or deal in relation to the NHS, and the idea of give and take. People did not see their relationship with the NHS as being the same as the relationship they might have with private companies. Views on how the system should operate were underpinned by the concept of fairness, and an acknowledgement of responsibilities on both sides.
- As we approach the 70th birthday of the NHS, people supported the idea of renewing this two-way contract, setting out what the partnership should look like. There was broad agreement that any such deal should include the following points.

The NHS should:

- provide services that are easy to access
- use resources efficiently and reduce waste
- employ enough staff and treat them fairly

1

2

3

4

5

6

7

8



- provide support and advice to people to stay healthy
- treat all patients equally.

In return, the public's responsibilities lie in:

- using NHS services responsibly
- staying healthy
- paying for the NHS through taxes
- supporting the community
- valuing the NHS.



Appendix: ‘Deals’ developed by participant groups

London

Yellow group (21–33)

What the NHS should do	What the public should do
<ul style="list-style-type: none"> • Provide a health service for all • Recruit more staff • Reduce mismanagement of services • Invest in more minor injury units • Respect the elderly • Ensure value for money 	<ul style="list-style-type: none"> • Attend all appointments • Stay healthy • Contribute more through a dedicated tax • Consult pharmacists about health problems • Look out for others • Don't take the service for granted • Pay for drugs which are affordable

Green group (33–50)

What the NHS should do	What the public should do
<ul style="list-style-type: none"> • Send reminder texts to patients • Use resources efficiently • Allow patients to access their medical notes on demand • Place restrictions on surgery for obese patients until they lose weight • Place restrictions on some treatments for smokers • Hit the 18-week target • Do fundraising drives • Treat everyone equally 	<ul style="list-style-type: none"> • Keep to appointment times • Show kindness and compassion to staff • Look out for others • Commit to a healthy diet and regular exercise • Fund the service through tax • Respect others • Use medication responsibly



Red group (50-67)

What the NHS should do	What the public should do
<ul style="list-style-type: none"> • Improve access to GP services • Increase GP surgery opening hours • Provide more advice over the telephone • Make available better weight-loss help and advice • Increase health checks • Educate the public (including children) about health issues • Staff should do the jobs they are trained to carry out • Improve access to treatments through larger departments 	<ul style="list-style-type: none"> • Attend appointments • Give up smoking • Eat responsibly • Drink in moderation • Use the service responsibly • Follow the advice of doctors; take necessary medication

Blue group (69-87)

What the NHS should do	What the public should do
<ul style="list-style-type: none"> • Promote the range of services available, especially among hard-to-reach groups • Provide regular appointments • Help those who can't help themselves • Provide vaccines • Be efficient • Be a publicly owned, not-for-profit organisation • Be open about their problems and offer incentives for ideas to combat them • Provide emergency health care, available immediately and for free 	<ul style="list-style-type: none"> • Use services responsibly • Attend regular check-ups • Care for others around them • Follow a healthy lifestyle • Have all necessary vaccinations



Nuneaton

Orange group (21-32)

What the NHS should do	What the public should do
<ul style="list-style-type: none"> • Offer help and advice with weight loss • Ensure doctors keep to appointment times • Be transparent about how taxpayer money is spent • Find new ways to share information • Provide information about illnesses and how to prevent them • Have a vision for the future 	<ul style="list-style-type: none"> • Arrive on time to appointments • Engage in community fundraising for the NHS • Look after themselves and others • Stay healthy through diet and exercise • Contribute more to the NHS if they can afford to • Use NHS 111 before going to A&E • Self-medicate before going to see a doctor • Don't rely on the NHS

Blue group (35-50)

What the NHS should do	What the public should do
<ul style="list-style-type: none"> • Distribute funds across different services, particularly mental health • Don't blame the public • Be transparent about where money is spent • Inform people about costs of prescriptions • Provide guidelines on illness prevention • Provide access to mental health services 	<ul style="list-style-type: none"> • Use NHS money and services responsibly • Stop whinging • Use 111 and the pharmacy • Lead an active lifestyle • Eat healthily • Come together as a community



Purple group (67-83)

What the NHS should do	What the public should do
<ul style="list-style-type: none"> • Reduce wastage • Scale-up to meet demand (more hospitals, staff and beds) • Provide information to support the public to be healthy (wellbeing clinics) • Remove funding for sex change operations, tattoo removal and breast enhancement or reduction • Provide a call-out doctor service when necessary • Have annual health MOTs for patients • Focus on staff retention; reduce pressures and hours • Be transparent with spending • Be accountable to the public • Raise awareness of the complaints system • Place qualified staff in the right positions 	<ul style="list-style-type: none"> • Pay for private health care if they can afford it • Use the pharmacy for minor conditions • Accept the idea of fines for not attending appointments • Pay for the NHS through a ring-fenced tax • Stay healthy • Act on symptoms • Use services in a measured way



Preston

Blue group (25-35)

What the NHS should do	What the public should do
<ul style="list-style-type: none"> • Conduct a spending review • Control costs • Educate people on important issues • Reduce products available on prescription • Focus on wellbeing and illness prevention • Provide the necessary treatment for those who need it • Provide equal pay • Be more transparent • Listen to the public • Consider new sources of funding 	<ul style="list-style-type: none"> • Be patient with the changes • Keep up to date with the latest developments within the NHS • Engage with and support their communities • Be willing to help themselves • Don't be complacent • Don't abuse the system • Be positive • Lead a healthy lifestyle • If you can afford it, pay for it yourself

Purple group (37-46)

What the NHS should do	What the public should do
<ul style="list-style-type: none"> • Provide education to people and communities • Recruit more GPs • Improve access to GPs • Support staff • Allow alternative treatments, not just medication • Provide nutrition training to teachers and the public • Encourage community cohesion 	<ul style="list-style-type: none"> • Lead a healthy lifestyle, following government guidelines • Utilise NHS Choices and other tools that the NHS and the government provides to self-educate



Orange group (49-56)

What the NHS should do	What the public should do
<ul style="list-style-type: none"> • Provide a free-at-the-point-of-delivery service, funded through tax • Take patients seriously • Subsidise gym memberships and wellness centres • Provide free annual health MOTs for over 30s • Scrutinise funding • Address wastage • Reduce outsourcing of services to contractors • Withdraw funding for cosmetic surgery and tattoos • Impose penalties for missing 3 or more appointments • Negotiate a better deal with pharmaceutical companies for the price of drugs 	<ul style="list-style-type: none"> • Follow advice of doctors • Adopt a healthy lifestyle • Join patient user groups • Be more informed • Use services responsibly – eg, seek advice from pharmacists before the GP, and from a GP before going to A&E • Appreciate the service • Engage in community fundraising • Provide scrutiny of services through the Patients Association



Red group (61-76)

What the NHS should do	What the public should do
<ul style="list-style-type: none"> • Reduce GP waiting times • Open more walk-in centres • Encourage the public to use their pharmacy • Value staff, provide stress management • Provide incentives to join the workforce • Make responsible choices for patient care • Reduce waste and inefficiency • Provide consistency across services • Deliver a high-quality service • Encourage responsible use of services 	<ul style="list-style-type: none"> • Lead a responsible lifestyle, practise moderation and avoid stress • Be prepared to pay more for the service, possibly through a ring-fenced tax • Seek advice from other health professionals (eg, pharmacists) • Use services appropriately and responsibly • Attend all appointments • Use services that aim to help improve general health



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The King's Fund is an independent charity working to improve health and care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible health and care is available to all.

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The NHS holds a unique place within British society, and 70 years after the NHS was established public support for it remains strong. That is not to say, however, that the relationship between the NHS and the public is straightforward.

The NHS currently faces severe financial and performance pressures as well as increasing demand. In this context, how does the public view its relationship with the NHS and what do people see as their own role in making the NHS work? *The public and the NHS: what's the deal?* reflects some work The King's Fund undertook with Ipsos MORI to understand people's views on the following questions:

- What is the NHS for? What is its role in Britain today?
- What do people expect of NHS services? Are these expectations realistic, or does the population expect too much/too little?
- What is the balance of responsibility between the individual and the NHS (and government), particularly in terms of:
 - prevention and keeping people healthy
 - use of NHS services
 - funding NHS services.

The findings are based on three facilitated workshops in London, Nuneaton and Preston and reflect the issues raised in the discussions. The concept of a deal, or contract, between the public and the NHS was introduced, and participants designed their own deal, allocating rights and responsibilities to each side.

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