TRUST ON THE LINE

HOW HEALTHCARE IN THE UK IS BEING RESHAPED

March 2026

FOREWORD

Trust is changing shape. Institutional trust remains under pressure.

Helen Bennis, Senior Healthcare Director, and Thomas Fife-Schaw, Head of Corporate Reputation in the UK, invited senior stakeholders from across the healthcare ecosystem, including pharmaceutical companies, charities, academia, and clinicians (see right for list of contributors) to discuss:

- how cultural and societal shifts are shaping trust within healthcare
- what the consequences of these shifts are for the healthcare ecosystem
- what we can and should be doing to strengthen or rebuild trust

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> Trust isn't something that can be manufactured through branding or improved with more polished messaging. It grows out of relationships, and these always involve vulnerability.

WHAT IS TRUST?

Trust isn't something that can be manufactured through branding or improved with more polished messaging. It grows out of relationships, and these always involve vulnerability.

At its core, trust is allowing someone else to shape outcomes you cannot fully control. It means moving forward despite uncertainty, unequal power and without guarantees. In doing so, you place something that matters to you in their hands.

We do this constantly. We entrust people with our data, our savings, our children, and our futures.

True trust means believing not only that someone is competent, but that they are using their power with care and acting in your interests. It is shaped by small signals, such as tone, integrity, or empathy, that reveal what sits behind the expertise.

Trust is built not on what is said, but on what is repeatedly done - especially when it would be easier not to.

Because vulnerability never disappears, trust is never permanently secured, it is something that must be continually chosen to extend or withdraw based on what is seen.

This is why trust takes time and is hard won.

TRUST IN HEALTHCARE

The health decisions we make are often made without full understanding. Trust is what allows people to move forward regardless - a conscious acceptance of vulnerability in the face of uncertainty.

For example, a patient may accept treatment they cannot independently evaluate, rely on evidence they cannot personally interrogate and consent to interventions whose complexity lies beyond their expertise.

In healthcare, trust is particularly complex.
As patients we must place trust not only in individuals, such as the doctor treating us, but in the institutions that shape how those individuals think and behave.

Institutions are judged less by their explanations than by their actions. Do they make processes visible? Do they admit uncertainty? Are they honest when things go wrong? Do their actions match their promises?
Do they show empathy when harm occurs?

When what an organisation says matches what it does, confidence grows. When the two pull apart, trust begins to thin.

This is reflected in public attitudes towards the pharmaceutical industry. There is strong faith in scientific capability: roughly seven in ten[1] believe drug companies can produce medicines that are safe, effective and often life-saving.

Yet confidence in scientific capability coexists with a suspicion about intent.

Far fewer people (roughly 3 in 10[1]) believe pharmaceutical companies prioritise widespread access to medicines and only around a third[1] think pricing is transparent.

The science is trusted; the incentives behind it are not.

That scepticism can extend to the information companies provide about their own products.

There is perhaps a concern that they may not be fully impartial when describing the full range of treatment options for a condition.

In other words, technical competence is widely acknowledged. Character and commitment are far more contested.

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Around
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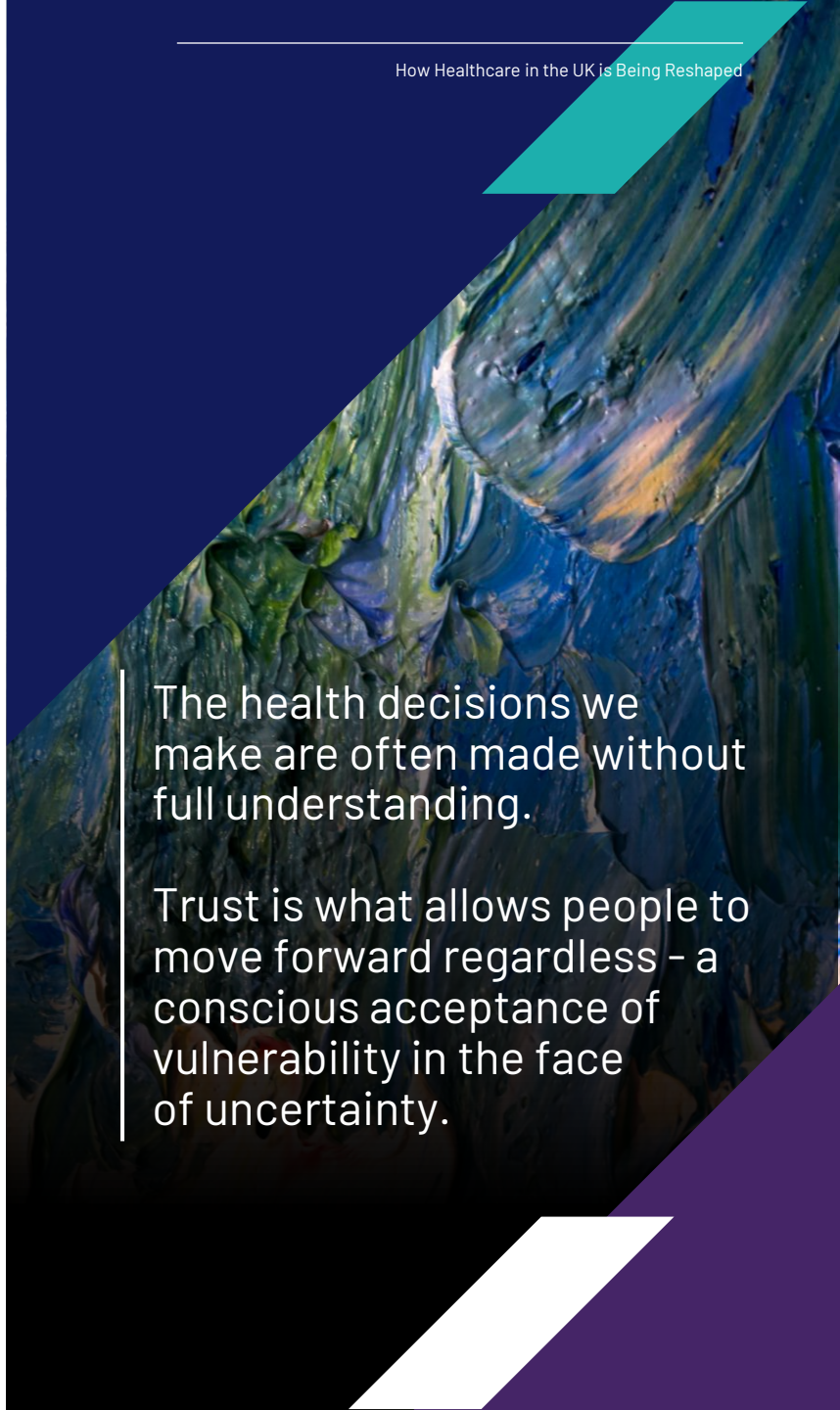
think pricing is transparent



The NHS faces a different kind of trust challenge from the pharmaceutical industry.

Where drug companies are often suspected of putting profit first, the NHS is widely seen as principled. It is viewed as a public service designed to care for people - not shareholders - and that motivational foundation is strong.

The challenge for trust, however, is in its performance. Overall institutional trust sits at just over 50%[1]. Confidence in the NHS as a source of information is higher (81%[2]), but satisfaction drops when people assess day-to-day delivery, such as waiting times, access to appointments and continuity of care.

Nearly 80%[1] of Britons believe the system is overstretched and that perception shapes experience.

When patients struggle to see a GP, face long waits or encounter fragmented services, frustration follows. It may lead to what might be called rational mistrust.

Trust is further weakened when the system seems to be inconsistent. The so-called "postcode lottery" - where access to treatments varies by geography - can lead to a sense of unfairness.

If a life-extending drug is available in one region but not another, confidence in equity and reliability may falter.

In short, the NHS is trusted for what it represents – its character is rarely doubted.

But confidence in its organisational commitment and competence is more fragile. The question is whether it can consistently deliver on its promise.

Perceptions of the NHS and the pharmaceutical industry may have shifted slightly in recent years, but not dramatically so.

However, our culture and society has shifted dramatically in recent years.

Have these shifts exacerbated existing challenges, as well as creating new ones in the sector?

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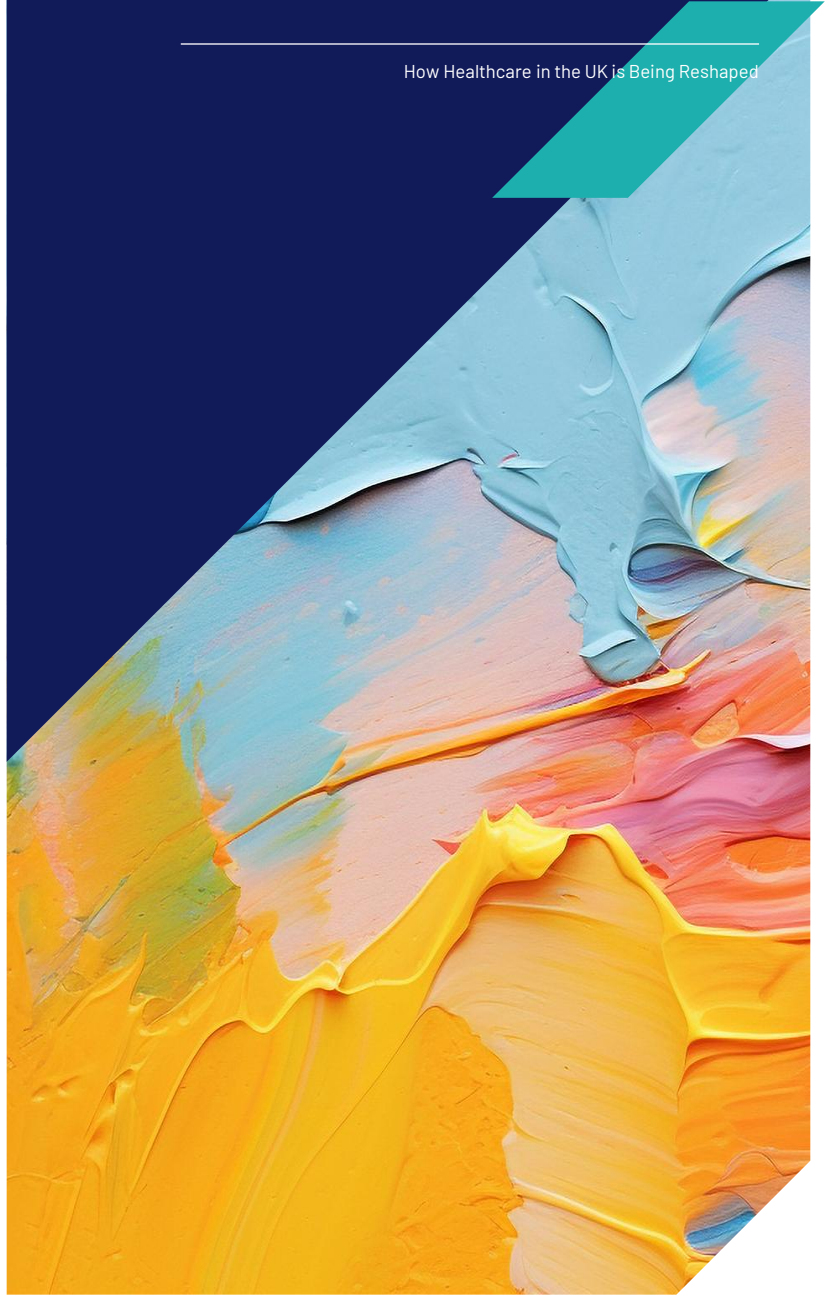

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IS SCIENCE STILL TRUSTED?

Science is the cornerstone of healthcare. The public still values science, but trust in scientific information has dropped since COVID-19[3].

In the UK, the majority of people say scientists benefit society (82%[4]) and that technology improves lives (67%[4]). Scientists are amongst the most trusted professions (81% trust scientists to tell the truth[5]) and concern that the harms of science outweigh the benefits is at a historic low (13% in 2025[4]).

But that confidence depends on context - and who scientists work for matters. University-based researchers are the most trusted with confidence levels around 87%[4].

Trust in government scientists has declined since 2019 and private-sector scientists are trusted least of all - falling from 57% in 2019 to 48% in 2025[4] - with 65% of people worrying that funding sources may compromise independence[4].

At the same time, ambivalence is growing. Only 40% say that scientific information is "generally true," down from 50% in 2019[4], while nearly half respond neutrally rather than enthusiastically[4].

Trust is also unevenly distributed. Younger adults often report feeling informed about science but are less likely to see scientists as socially beneficial.

Women report feeling less informed than men and express lower levels of trust.

Lower-income groups tend to be more sceptical of institutional leaders overall[4].

81%
trust scientists to tell the truth (scientists are amongst the most trusted of all professions)

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48%
trust private-sector scientists

WHAT ABOUT THE CHANGING LANDSCAPE OF INFORMATION?

The health information environment has been transformed.

Information is more abundant than ever, yet people feel less informed and less confident navigating it.

While trust in doctors is still strong - 85% say they trust doctors to tell the truth[2] - patients are no longer passive recipients of advice. 69% now look up health information themselves rather than just relying solely on their doctor[7]. 1 in 10 UK adults have considered purchasing a prescription product online, without having gained a prescription from their doctor via a face-to-face or virtual consultation[8].

Authority is no longer purely top-down, but has become distributed. Institutional expertise competes with peer testimony, personal narrative and platform algorithms.

Trust varies by source. 81% say they trust the NHS website or app compared with 17% for AI tools and just 7% trust social media[2].

Yet trust does not always dictate behaviour. 28% use social media alongside the NHS for health information[7].

Among 16–24-year-olds, 59% encountered science or health content on social media in the past two weeks, making it their main source ahead of traditional media[4].

On social media, "horizontal" knowledge sharing thrives with relatable storytelling and gut instinct perhaps carrying more weight than data.

Health influencers build authority differently from traditional institutions.

Their influence tends to rest on three qualities: authenticity, accessibility and autonomy[9].

1 in 10

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> In the UK, the number of ChatGPT users more than doubled in a year - rising from 6.5 million in September 2024 to 16 million by September 2025. Among users, 66% say they turn to it for questions about their health and wellbeing. Adoption is highest among younger audiences – more than 50% of 15–24-year-olds use it – although over 55s make up 13% of ChatGPT users.

Authenticity comes through informal, personal storytelling featuring unpolished videos and glimpses of daily life, with a tone that feels human rather than corporate.

Accessibility implies a constant presence with influencers living "in the pocket" of their audience.

They communicate in clear, simple language that matches the UK's average reading age and offer engagement which a stretched healthcare system cannot.

Autonomy - the impression of independence from institutions - is perhaps the most powerful signal. Some credentialed voices position themselves as outsiders, "not in bed with Big Pharma," claiming to reveal truths the establishment supposedly conceals.

Together, these elements generate a form of parasocial trust that follower counts and visibility can amplify irrespective of accuracy.

Artificial intelligence is also having an impact and will continue to shape how trust plays out. AI introduces another dynamic: what researchers describe as a "validation loop." Unlike time-pressed health professionals, AI tools often respond with affirmation and emotional reinforcement.

Playing into confirmation bias and creating a sense of support irrespective of accuracy.

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Despite the high volume of users turning to AI for health advice, Ipsos data shows a complicated relationship with that information.

Reliance does not equal trust. Only 3% of the public cite AI tools such as ChatGPT or Gemini as their most trusted source of health information[2].

In fact, 44% say they use the NHS website or app to verify AI-generated answers and 54% believe the rise of AI content makes it harder to find trustworthy information online[2].

In fact, known exposure to misinformation is rising. 41% report seeing misleading health information online, up from 10% in 2023 and 37% say it is harder to find reliable information than five years ago[2].

It is reasonable to assume this sift is due, at least in part, to a rise of misinformation online generally.

Increased awareness of less sophisticated misinformation may also be a contributing factor.

The changing information landscape is creating a myriad of challenges for patients, regulators and other health system stakeholders.

Online, the usual signals of legitimacy are no longer reliable.

Nearly 95% of websites selling prescription medicines operate illegally[10], yet many mimic regulated pharmacies with slick branding, clinical imagery and curated - sometimes fabricated - reviews.

That makes it far harder for patients to judge credibility at a glance.

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At the same time, positive and negative claims about medicines spread faster than ever. Benefits can be overstated to drive attention or sales, often beyond what the manufacturer themselves states, while harms may be amplified to fuel outrage.

In this environment, careful discussion of probabilities and trade-offs struggle to compete with bold, simple narratives.

Expectations may not match what the evidence actually supports.

Influencer marketing adds another layer of complexity. Health creators with large followings sometimes talk about prescription medicines in ways that blur the line between sharing information and promoting a product.

What looks like personal testimony or independent advice can in reality function as advertising.

Some influencers have commercial arrangements with online pharmacies offering discount codes and steering followers toward particular suppliers in exchange for commission.

The precise nature of the commercial relationship may be hidden and it is not always clear to audiences that they are being marketed to.

For regulators, this is challenging. Rules restricting direct-to-consumer advertising of prescription medicines were built for a world of print adverts and broadcast slots.

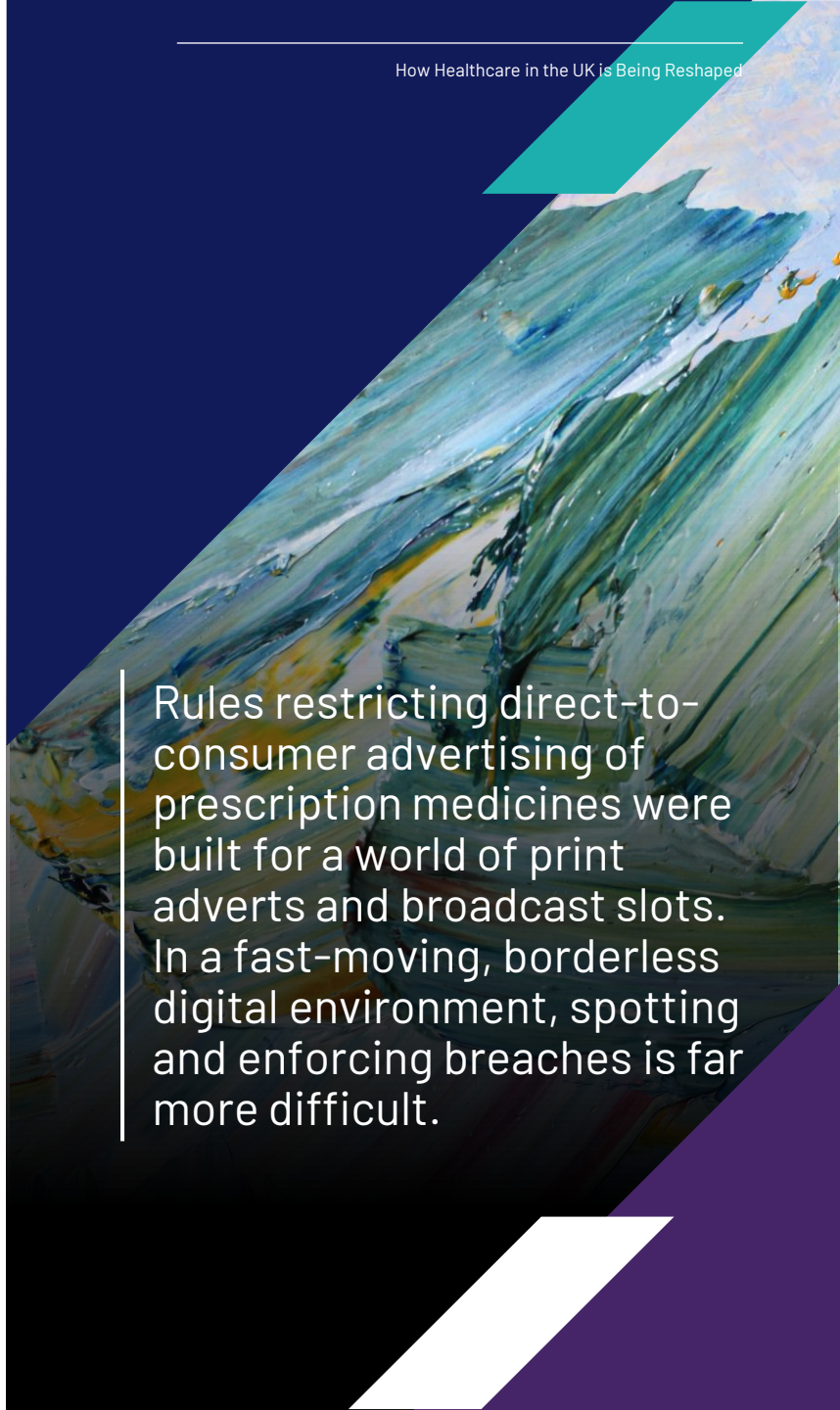
In a fast-moving, borderless digital environment, spotting and enforcing breaches is far more difficult.

This also puts pharmaceutical companies in a difficult position. Options for external communications are limited by the regulatory framework. That distance from patients and the public can create a vacuum and in the digital world, vacuums rarely stay empty for long.

In the age of social media, information travels at a pace that far outstrips the capabilities of those who are expected to respond.

Highly regulated sectors like the pharmaceutical industry often struggle to act quickly and publicly when faced with a significant challenge.

This can hinder responses to the challenges presented by the online health information environment, like misinformation and the recent rise in sales of counterfeit medicines.



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IT'S NOT JUST WHERE & HOW INFORMATION IS ACCESSED BUT THE LANGUAGE THAT IS USED

Most adults in the UK read at around the level of a 9–11-year-old[11], yet much health and pharmaceutical communication is written in dense, technical language.

When information feels overly academic or hard to follow, people can feel shut out or that something is being hidden from them.

That communication gap exists within a wider climate of insularity and polarisation.

Around 70% of people say they are wary of those who hold different values or rely on different "facts."[12]

Trust narrows to close networks, while CEOs, officials and journalists are viewed more sceptically[11].

In a fractured information environment, top-down messaging may not resonate because there isn't a shared baseline of authority.

Technology has intensified this fragmentation. Algorithms can funnel users toward increasingly narrow or extreme content.

Moreover, messaging is often inconsistent.

Patients may encounter slightly different guidance from charities, hospitals and pharmaceutical companies about the same condition.

Commercial competition and institutional silos can inhibit the production of simple, unified advice that people can easily follow.

WHAT COULD THE FUTURE HOLD?

If weakening of trust in institutions continues alongside an increasingly fragmented information landscape, there may be significant consequences. Some forecasts are bleak, but others suggest the system may eventually recalibrate.

The most immediate impact would be on health outcomes. **If more people act on misleading information, population-level outcomes could worsen over the next decade**. Delays in seeking treatment, growing interest in unproven remedies and confusion about what constitutes evidence-based care could all become more common.

Inequality is also likely to widen. Communities that already feel overlooked by scientific and health institutions are more likely to disengage.

If organisations fail to show they are fair, accessible and relevant, those who feel excluded may become most vulnerable to misleading or false claims. In that sense, a gap in trust can quickly become a gap in health.

There are implications for the workforce too. **Careers in medicine risk becoming less attractive to younger professionals** who see burnout, public hostility or limited reward compared with the visibility and income of online health influencing.

At the same time, **AI tools are increasingly being used to facilitate and influence the nature of Doctor: Patient consultations**. While they can validate concerns and provide rapid responses, they are not substitutes for clinical judgement.

A system in which the likes of "ChatGPT Health" becomes the first port of call could change expectations of care in unpredictable ways.

Innovation and economic growth could also stall. In particular, declining trust in clinical trials could slow research progress and make it harder for the UK to attract global investment.

We're already seeing, as search habits move from source-based browsing to AI-generated summaries - which are often stripped of attribution – **web traffic to charities, public health bodies, patient advocacy groups and other established "trusted sites" declining[13]. Traditional authority risks becoming invisible**.

However, it may be possible for the situation to turn "full circle". **Some argue that saturation of unreliable information may eventually produce correction**.

As the digital space fills with AI-generated error and misinformation, the public may gravitate back toward trusted anchors such as the NHS and other institutions capable of acting as stable reference points. In a chaotic environment, reliability itself may become a differentiator.

There is also the possibility of a more constructive shift - a kind of healthy scepticism. As people see where influencer advice falls short or where bold claims don't stand up, they may become more questioning and selective.

Early signs suggest younger generations, though deeply digital, are not entirely uncritical. Children who are comfortable asking a chatbot for answers may still turn to a parent or teacher, **developing blended habits of inquiry that combine technology with human judgement**.

Moreover, not all diffusion is harmful. Some health-positive trends have spread through social platforms in constructive ways.

The same networks that amplify misinformation can also disseminate beneficial norms.

Commentators in our round table session called for more radical collaboration within health.

Partnering with organisations across political or community divides can foster dialogue rather than deepen silos.

SOLUTIONS

Commentators in our round table session called for more radical collaboration within health.

Instead of multiple organisations issuing slightly different guidance on the same disease, charities, the NHS and pharmaceutical companies could work together to produce consistent, simplified advice.

Such alignment implies shared purpose. Partnering with organisations across political or community divides can foster dialogue rather than deepen silos.

Communication must also modernise.

In a digital age, "dusty leaflets" are insufficient. Clinicians can proactively guide or "signpost" patients toward verified, accessible online content through a variety of mechanisms including QR codes, trusted social channels or curated resources.

Authentic, unpolished storytelling from clinicians and patients often resonates more deeply than highly produced corporate campaigns.

When language feels inaccessible, it feels suspicious. Plain communication is not dumbing down; it is opening up.

Experts themselves can contribute by showing humility: acknowledging uncertainty, admitting limits and speaking as people as well as professionals.

Representation matters. People are more likely to trust science when they can see themselves reflected in it.

7 in 10 adults in the UK across ethnicities agree that encouraging more diverse clinical trial participation can increase trust in the healthcare and pharmaceutical industries[14].

That means designing research and information resources that include diverse ethnic backgrounds, social groups and neurodivergent communities and ensuring the people working in science visibly reflect the society they serve.

Health and media literacy needs to improve. People are taking greater control of their health and navigating information across social media and large language models, yet understanding of how these platforms work and their limitations often lags behind.

A concerted effort is needed to improve public literacy about how information is produced, amplified and sometimes distorted.

For example, the Patient Information Forum (PIF) has started to combat health misinformation with their PIF TICK which is a trust mark that indicates information is evidence-based, up-to-date and easy to use and understand.

Trust grows with familiarity. When science shows up in everyday life, such as schools and communities, it stops feeling distant or elite.

The more people encounter science in ways that feel relevant and accessible, the more comfortable and confident they become engaging with it.

At the same time, communication needs to be improved.

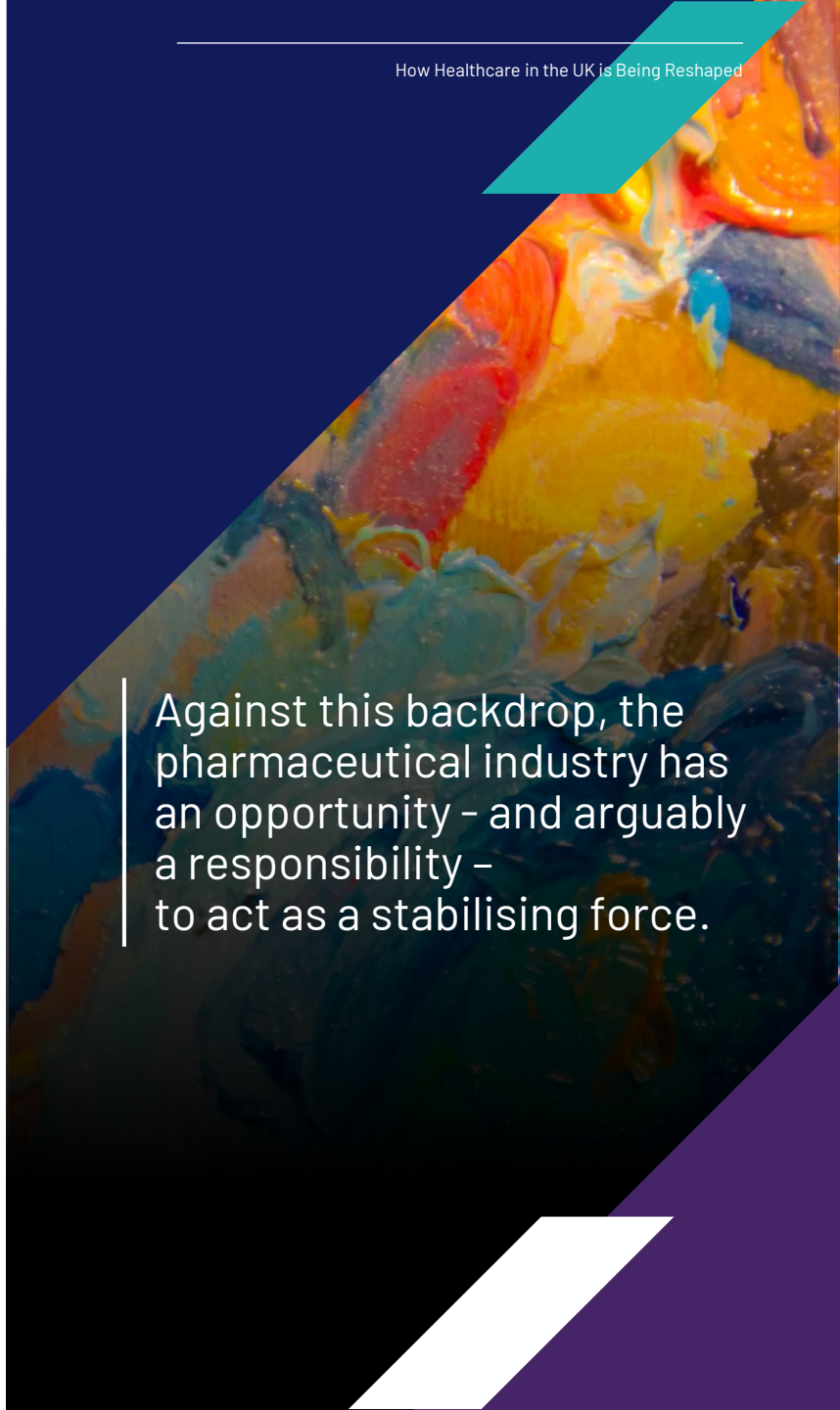
Trust is often built most effectively at a local level. Community leaders in familiar settings, such as faith centres, neighbourhood networks, local research groups can provide trusted points of connection.

Against this backdrop, the pharmaceutical industry has an opportunity - and arguably a responsibility - to act as a stabilising force.

First, greater transparency. Speaking plainly about what is known, what is still unclear and where the evidence has limits would feel more human.

Admitting uncertainty doesn't undermine credibility; it strengthens it. People are more likely to trust honesty than perfection.

Second, demonstrating character as clearly as competence. Public confidence in pharmaceutical companies' ability to develop safe and effective treatments is strong, suspicion tends to centre on motive.



Leadership, therefore, depends on visible commitment to patient welfare, fairness and transparency, particularly when commercial and public interests appear to diverge.

In a crowded and often chaotic information environment, there is an opportunity for institutions willing to hold firm to high standards.

As feeds fill with unverified claims and AI-generated summaries, many people may actively look for sources that are rigorous, transparent and accountable.

Pharmaceutical companies could choose to become that steady reference point.

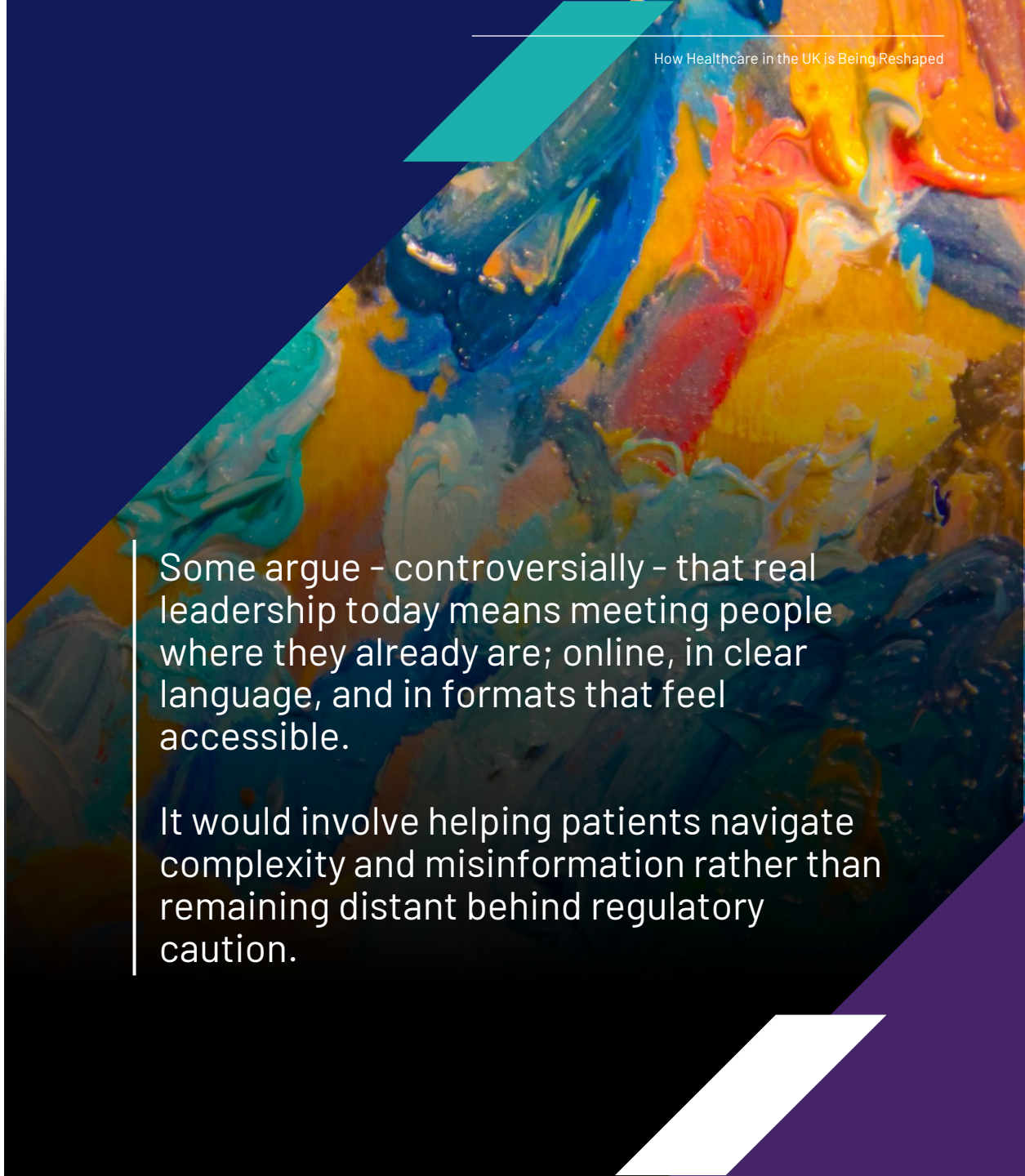
Maintaining strong evidentiary thresholds and being open about limitations and uncertainty could position the industry as a source of stability rather than suspicion.

Doing so, however, would require rethinking communication.

Current regulations mean pharmaceutical outreach has historically been designed for clinicians, delivered through formal channels, with limited direct engagement with patients. That model reflects a different era.

Some argue - controversially - that real leadership today means meeting people where they already are; online, in clear language,
and in formats that feel accessible.

It would involve helping patients navigate complexity and misinformation rather than remaining distant behind regulatory caution.



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WHAT NEXT?
THE QUESTIONS WE NEED TO ANSWER

If trust is evolving and the information landscape has fundamentally changed, the next step requires forward-looking research and honest reflection.

First, what will be the impact of AI and large language models?

As tools like ChatGPT (and ChatGPT health) or Gemini increasingly replace traditional search engines, what happens to trust?

These systems often sound confident, empathetic and supportive even when they are wrong[15].

How will this "agreement bias" shape public expectations of expertise?

If AI becomes the first port of call for health questions, where does accountability sit? And how will institutions maintain visibility in a space mediated by algorithms?

Second, what is the changing role of the doctor?

Patients are arriving at consultations having already researched symptoms, joined online forums, watched TikTok explainers and in some cases purchased treatments directly online.

The doctor is no longer the gatekeeper of knowledge.

The role may increasingly resemble that of an interpreter or counsellor - someone who helps patients disentangle complex, sometimes contradictory streams of information and place them in clinical context.

As cultural and societal shifts continue to reshape the landscape of trust within healthcare, institutions and discussions may have to shift away from delivering facts and corrections.

Instead, the focus turns to navigating increasingly complex and individual journeys, while correcting misconceptions gently, validating concerns, and helping to guide decision-making, in a landscape shaped by increased digital influence.

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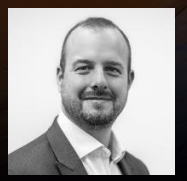

ACKNOWLEDGMENTS

Thanks to the following for their input into the development and delivery of this paper:

Melissa Moodley
Head of Healthcare in the UK, Ipsos

Anna Meadows
Behavioural Science Lead, Healthcare, Ipsos

Lucy Neiland
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Alyssa Rowan
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TECHNICAL NOTES

This report references findings from two previously unpublished sources. The full details of the different methodologies and samples employed is included below. All methodologies and samples included were employed in the UK.

Source: Ipsos health information survey 2025: Quantitative online survey with a nationally representative sample of 2263 of the UK population. Survey was conducted via Ipsos KnowledgePanel

Recruitment to the panel

Panellists are recruited via a random probability unclustered address-based sampling method. This means that every household in the UK has a known chance of being selected to join the panel. Letters are sent to selected addresses in the UK (using the Postcode Address File) inviting them to become members of the panel. Invited members are able to sign up to the panel by completing a short online questionnaire or by returning a paper form. Up to 3 members of the household are able to sign up to the panel. Members of the public who are digitally excluded are able to register to the KnowledgePanel either by post or by telephone, and are given a tablet, an email address, and basic internet access which allows them to complete surveys online.

Conducting the survey

The survey was designed using a 'mobile-first' approach, which took into consideration the look, feel and usability of a questionnaire on a mobile device. This included: a thorough review of the questionnaire length to ensure it would not over burden respondents from focusing on a small screen for a lengthy period, avoiding the use of grid style questions (instead using question loops which are more mobile friendly), and making questions 'finger-friendly' so they're easy to respond to. The questionnaire was also compatible with screen reader software to help those requiring further accessibility. This study was conducted on the KnowledgePanel between 14 and 20th November 2025.

Weighting

In order to ensure the survey results are as representative of the population as possible, the below weighting spec was applied to the data in line with the population profile. Up to three people per household were allowed to complete this survey. To account for this and varying household sizes, we employed a design weight to correct for unequal probabilities of selection of household members. Calibration weights have also been applied using the latest population statistics relevant to the surveyed population to correct for imbalances in the achieved sample. England and Wales, Scotland, and Northern Ireland were weighted together, while an additional weight has been created for the United Kingdom to account for any over or under sampling within each of these countries.

Weighting profile targets

Age:	
16-24	13%
25-34	17%
35-44	16%
45-54	16%
55-64	16%
65-74	12%
75+	11%

Gender:	
Male	48%
Female	51%

Ethnicity:	
White (including white minorities)	83%
Ethnic minorities (excluding white minorities)	14%

Region:	
England (south)	45%
England (north)	23%
England (Midlands)	16%
Scotland	8%
Wales	5%
Northern Ireland	3%

Education attained:	
No formal qualifications	4%
Another type of qualification	4%
GCSE/O-Level equivalent	28%
A-Level of equivalent:	30%
Other Higher education	5%
Graduates:	28%

The calibration weights were applied in two stages:

- The first set of variables were an interlocked variable of Gender by Age (using ONS 2022 mid-year estimates as targets), and region (using ONS 2022 mid-year population estimates).

The second set were Indices of Multiple Deprivation (quintiles) (ONS mid-year estimates 2019) Education (Annual Population Survey 2018), Ethnicity (APS October 2022 – September 2023) and number of adults in the household (ONS census 2021 for England, Wales, Northern Ireland, and 2021 mid-year estimates for Scotland).

Source: Ipsos Iris Online Audience Measurement Service, September 2025. Internet users aged 15+ using PC/laptop, smartphone or tablet. device(s), UK only

Ipsos iris is the UKOM endorsed solution for the measurement of online audiences. We passively track the online behaviour of a panel of over 10,000 UK adults aged 15+, who install software across their devices (a combination of smartphones, tablets, PCs and laptops).

The panel is recruited to be representative of the internet population. demographically, geographically and by device-type.

This passive data is fused with anonymous, device-level data generated by tags on hundreds of the biggest sites and apps in the UK.

This fused data forms a synthetic panel of around 1 million synthetic panellists.

ABOUT HEALTHCARE AT IPSOS

We are a global insight, evidence and advisory partner to the healthcare sector – and one of the world's leading healthcare primary market research businesses. We provide insights, evidence and guidance across the healthcare product lifecycle, empowering our clients to align commercial success with what matters most: Improving patients' lives.

FOR MORE INFORMATION

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