Understanding Public and Patient Attitudes to the NHS

Research Review Prepared for The Healthcare Commission

August 2006
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Introduction

This report presents the main findings from published surveys about the NHS and acute or primary care health services conducted by Ipsos MORI since 2000. It has been prepared by Ipsos MORI Social Research Institute for the Healthcare Commission.

Background and Objectives

The Healthcare Commission has a duty to produce an annual report on the "the provision of healthcare by or for NHS bodies" in England and Wales. This is the third State of Healthcare report published since 2004, the year in which the organisation was established.

This year the Healthcare Commission wish to supplement its report with a summary of NHS-related research published by Ipsos MORI since 2000. The aim of this supplementary report is to look at public and patient priorities for, and satisfaction with, a wide range of different aspects of the NHS. The report highlights key trends over the last five years, looks at regional and demographical differences, and summarises areas of change.

About Ipsos MORI Health Unit

Ipsos MORI Social Research Institute has been conducting research for, and about, the NHS for the past 30 years.

Ipsos MORI’s specialist Health Research Unit conducts extensive work monitoring, tracking and exploring in-depth staff and publics’ attitudes, behaviours and expectations in relation to health and health services. As well as over 50 Patient Surveys, staff surveys and other more in-depth surveys on a wider range of issues for individual Trusts in primary and secondary care, we work extensively for the DH, and other relevant organisations, such as the Healthcare Commission, NHS Confederation, Health and Safety Executive, the BMA, and Royal College of Nursing, GMC, NHSU, Commission for Social Care Inspection and CHI (see www.mori.com/nhs), looking at both the general public’s views, as well as those of patients.

The majority of the findings in this report are based on surveys of the general public conducted by Ipsos MORI over the telephone or face to face. Additional context is also provided by some of Ipsos MORI’s qualitative research. The Healthcare Commission’s Patient Surveys Programme employs postal methodology, and the results of the programme, therefore, cannot be directly compared with the findings presented in this report.
Executive Summary

Views of the NHS and Healthcare have to be viewed at three levels. Views of the NHS as a whole are often very different from, and influenced by different issues, than public perceptions of local health services, and different again from patient perceptions.

The NHS as a whole, and in particular the principles it embodies, remains a huge source of latent pride. It is still perceived by the British general public to be one of the best of its kind in the world. People also see the NHS as critical to society, and despite concerns about its management, they feel it needs to be protected and maintained rather than re-invented.

Despite this, the NHS regularly features as one of the biggest issues facing Britain today for the public. In early 2006, levels of optimism about the future prospects of the NHS reached their lowest recorded levels since 2002.

However, public satisfaction with the NHS at a national level, and patient satisfaction, have remained relatively stable since 2000 and have recently shown signs of improvement. Patient ratings of their treatment are always far higher than ratings of the NHS as a whole. Our analysis highlights the impact of media coverage and politics on the NHS at a national level, where people rely on media coverage to form judgement.

At an individual service level, GPs services are rated the highest, and patients are least satisfied with emergency care. However, A&E satisfaction ratings have been rising steadily since 2002, perhaps reflecting the impact of the national maximum four-hour wait target. Similarly, satisfaction among recent outpatients has also risen.

There are marked differences in the way different patients rate the care they receive from the NHS. Ethnically diverse and younger populations tend to be more critical of the NHS and individual hospitals, and organisations serving areas with ethnically homogenous patient profiles and older populations are seen more positively. Therefore, it is clear that some NHS trusts may find it much harder to satisfy their patients than others who are serving populations known to be more complimentary about how the NHS treated them. In searching for answers lying behind these differences, it is important to also consider the role patient expectations play along with other more forthcoming explanations such as language and cultural barriers. Notwithstanding that, whereas for other public services Asian people are among the most positive, for health services the reverse is true.
Waiting times are consistently seen by the public to be an important area for improvement. Whilst waiting times have been shortened and waiting lists have been cut in recent years, for a number of reasons, far more people in Britain still believe waiting times are increasing rather than falling.

Research among public sector workers, looking specifically at NHS and health workers, indicates that even within the NHS there is room for improvement in how positively employees view the organisation and its priorities as well as the working environment and services it provides.

Even though people do not see choice of provider as the only way forward in improving standards in the NHS, most believe the initiative will deliver better services for all, and will not introduce inequalities. There is some evidence of rising satisfaction with the choice people get when they use the NHS. However, more research will be needed to fully understand patient behaviour in the new choice environment now rolling out.

Our monthly tracking research shows the public remain very concerned about funding of the NHS (optimism peaked when national insurance rises were announced in 2002), and see this as the biggest issue facing the service. At the same time, a key challenge for those engaged in the reform of the NHS is the fact that the public generally do not see reform, or a more plural system of provision, as most needed – but rather more resources for the existing system.
Key Findings

Public Perceptions of the NHS

The National Health Service was created in 1948 to provide healthcare for all citizens, based on need, not the ability to pay. The British general public is particularly fond of the institution. Even though the NHS has gone through numerous structural changes since its creation, and the current state of the NHS is regularly and frequently discussed by politicians, media and citizens alike, the majority of the general public currently rate it among the best of its kind (see Figure 1), with similar proportions rating it highly in England and Wales.

Figure 1

National Health Service – overview

Q  Do you agree or disagree with each of the following?

“Britain’s National Health Service is one of the best in the world ”

Base: England and Wales, 18+ (913), 12-17 January 2006

Source: Ipsos MORI
After voting in the Labour government in 1997, the general public had raised expectations of improvements in the NHS, as Labour’s victory was to some extent a reflection of the general public’s desire to increase public funding and improve the public sector’s performance. The NHS has consistently been one of the key issues facing the country, remaining a top priority even as immigration and security have risen considerably in prominence since 2000, shown in Figure 2.

Figure 2

**Changing public priorities (1997 – 2006)**

*Q What do you see as the main/other important issues facing Britain today?*

*Source: Ipsos MORI*
Despite the Government’s effort to introduce radical changes in the NHS, such as Payment by Results, increasing the role of private sector healthcare providers and through patient choice, there is a high level of consistent support for it to remain in its current form and shape (see Figure 3), rather than any fundamental re-shaping.

Figure 3

**Views of NHS role**

Q Which of the following statements best reflects your thinking about the NHS?

- The NHS is critical to British society and we must do everything we can to maintain it
- The NHS was a great project but we probably can’t maintain it in its current form

Base: c. 1,000 respondents aged 16+, England

Source: DH/Ipsos MORI
Ipsos MORI’s work shows political allegiance is the best predictor of satisfaction with the running of the NHS at a national level, as seen in Figure 4. Namely, Labour supporters are most likely to be satisfied with the NHS on a national level: Conservative and Liberal Democrat supporters least so. This is also supported by the findings of the British Social Attitudes (BSA) survey, which suggests that the general attitudes towards the NHS may tell as much about government popularity as they do about the NHS per se.

Figure 4

**Most important drivers of satisfaction with the running of the NHS at the national level**

- **Greatest drivers of overall satisfaction**
  - Political belief/Support for the government
  - Age
  - Poor experiences of A&E services
  - Staff bad-mouthing
  - Media coverage
  - Direct NHS communication

- **Positive experiences of inpatient services**

Source: Ipsos MORI

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Current levels of satisfaction with ‘the way the NHS is run nowadays’ have remained stable since 2000 in our six monthly tracking survey, with between 50% and 60% of people saying they are very or fairly satisfied with it (see Figure 5). More recently, that is since winter 2004, they peaked and remained above the 60 percentage point mark, suggesting that some of the improvements in the NHS nationally are beginning to filter through\(^2\).

\begin{figure}
\centering
\includegraphics[width=\textwidth]{public_perception_of_nhs.png}
\caption{Public perception of NHS}
\end{figure}

\textit{Q Overall, how satisfied or dissatisfied are you with the running of the National Health Service nowadays?}

\textit{Base: c. 1,000 respondents aged 16+, England}

\textit{Source: DH/Ipsos MORI}

\(^2\) The overall satisfaction levels recorded in the BSA survey (National Centre for Social Research: British Social Attitudes, 1983 – 2005) tend to be c. 15 percentage points lower than those recorded by Ipsos MORI. This can be, at least in part, explained by the context in which the question is asked.

In the BSA survey, the satisfaction question is preceded with a number of questions about the respondent’s political views and their views on Government spending in a number of areas. This creates a link between the NHS and the Government, which is likely to make respondents more critical of the NHS than they would be without such an association. In the Ipsos MORI survey, respondents’ satisfaction with the NHS is among the first questions asked, and the survey investigates views on health care issues only. When we ask the same questions on an Omnibus survey, following questions about politics, we observe the same effect of depressed satisfaction with the NHS. This again confirms the impact of politics on the reputation of the NHS as a whole.
This link between the perceptions of the Government on the one hand and local services on the other can be seen more clearly in Figure 6. Local hospitals or even the “local” NHS tend to be much more positively viewed than the NHS nationally, where for example the Government’s policies for the NHS as a whole are seen much more critically.

Figure 6

Provision of Service Locally and Nationally

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

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Disagree</th>
<th>% Agree</th>
<th>% Net Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The government has the right policies for the NHS</td>
<td>44%</td>
<td>26%</td>
<td>(-18)</td>
</tr>
<tr>
<td>The NHS is providing a good service nationally</td>
<td>23%</td>
<td>54%</td>
<td>(+31)</td>
</tr>
<tr>
<td>My local NHS is providing me with a good service</td>
<td>14%</td>
<td>68%</td>
<td>(+54)</td>
</tr>
<tr>
<td>I was satisfied with my last visit to hospital*</td>
<td>9%</td>
<td>81%</td>
<td>(+73)</td>
</tr>
</tbody>
</table>


Source: DH/Ipsos MORI
Figure 7 shows the top five problems that the public perceive as facing the NHS. A lack of resources and investment continues to be thought of as the biggest problem, increasingly so in the last quarter of 2005, as coverage of funding problems locally mounts. The public continue to think that the solution to the challenges facing the NHS is to invest more, despite huge investment in the NHS since 2000. Waiting times are still seen as an issue, but encouragingly, understaffing in the NHS and also cleanliness are thought to be less of a problem now than was the case in summer 2005.

Figure 7

**Biggest Problems facing the NHS – top 5**

Q  *What do you see as the biggest problems facing the NHS? What else?*

Base: c. 1,000 adults 18+, England  
Source: DH/Ipsos MORI
As mentioned above, the public sees lack of resources/investment and Bureaucracy/top heavy/poor management as being among the biggest problems facing the NHS - Figure 8 below provides more detail about these.

With regards to the lack of resources/investment, just under a third (29%) of the general public think the NHS is currently under-funded. By contrast, two thirds (64%) believe it has enough money but too much money is wasted.

**Figure 8**

**Need for improvement in financial management**

> Q Which of the following statements best describes your view about the current state of the NHS?

- It is over-funded: 2%
- It has enough money and the money is spent well: 4%
- Don't know: 1%
- It has enough money but too much money is wasted: 64%
- It is under-funded: 29%

Base: UK adults (1,006), 20-22 April 2006  
Source: Ipsos MORI
Findings of qualitative research serve to reinforce these messages from the general public. The verbatim comments below highlight some public opinion on these issues:

**Lack of resource investment**

*Q:* Do you think that all the extra money that has gone into the NHS over the last few years is making a difference?
*A:* It’s making a difference to managers’ pockets and that’s about it I think.
*Q:* Do you not put any of [your positive experiences with the NHS] down to extra money that’s been invested in the service?
*A:* I don’t. (x4 different participants)
Males & Females, C2DE, 60+, Darlington

**Bureaucracy/ top heavy/ poor management**

Nationally - probably too many chiefs and not enough Indians. And now they’re getting rid of all the Indians.
Male, 35-45, C2DE, Exeter

**Long waiting lists/ times**

When you go into hospital do you sit and wait? Yeah
(Male, 18-35, ABC1, Darlington)

**Not enough doctors/ nurses/ understaffed**

You only have to be on a ward to see how the nurses are dashing backwards and forwards
(Male, C2DE, 60+, Darlington)

**Poor standards of cleanliness/ Superbugs/ MRSA**

Well if you expect to be cared for in a clean and safe environment you wouldn’t have to worry about staff cleaning their hands cos you’d expect them to do it anyway
Male, C2DE, 18-35,
In terms of individual aspects of the NHS, some are receiving better ratings now than in 2000, whilst the public have become more critical of others since then, like dentistry.

Waiting times remain among the top five biggest issues facing the NHS, but the public are beginning to notice improvements and are less critical now than in 2000, shown in Figure 9. In the last five years, the proportion of those who think A&E waiting times need a lot of improvement has dropped by 13 percentage points, the non-emergency operations waiting list by 17 percentage points and consultant waits by 21 percentage points. However, the proportions of those who feel there is no room for improvement in these areas still remains relatively low – around 10% or less.

Figure 9

**Need for improvement in waiting times and lists**

*Q: Based on what you know or have heard about the NHS, can you tell me whether you think the NHS in your local community is in need of improvement?*

<table>
<thead>
<tr>
<th>Year</th>
<th>A&amp;E waits</th>
<th>Waiting lists for non-emergency operations</th>
<th>Consultant waits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 Spring</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2001 Winter</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2002 Spring</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2002 Winter</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2003 Spring</td>
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<td>2003 Winter</td>
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<td>2004 Spring</td>
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<td>2004 Winter</td>
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<td>2005 Spring</td>
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<tr>
<td>2005 Winter</td>
<td></td>
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</tbody>
</table>

Base: c. 1,000 adults aged 16+, England

Source: DH/Ipsos MORI
Concerns about the difficulty of registering with an NHS dentist have increased sharply (see Figure 10). This is likely to reflect the increasing resistance from dentists to the new NHS contract, and the coverage this issue has received in the media.

Figure 10

**Dentistry remains an issue**

**Q** Based on what you know or have heard about the NHS, can you tell me whether you think the NHS in your local community is in need of improvement?

Ease of registering with an NHS dentist

<table>
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<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% A lot of Improvement Needed</td>
<td>30</td>
<td>32</td>
<td>30</td>
<td>29</td>
<td>35</td>
<td>30</td>
<td>43</td>
<td>49</td>
<td>45</td>
<td>47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% No Need for Improvement</td>
<td>21</td>
<td>15</td>
<td>21</td>
<td>19</td>
<td>19</td>
<td>15</td>
<td>14</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Base: c. 1,000 adults aged 16+, England

Source: DH/Ipsos MORI
Perceptions of medical and nursing care in the NHS are relatively positive and stable and few have serious concerns over these basic services provided by the NHS (see Figures 11 and 12). Around three in ten think there is no need for improvement in this respect, and only a few say a lot of improvement is needed.

**Figure 11**

**Need for improvement in quality of medical care**

Q: Based on what you know or have heard about the NHS, can you tell me whether you think the NHS in your local community is in need of improvement?

![Graph showing need for improvement in quality of medical care](image)

Base: c. 1,000 adults aged 16+, England

Source: DH/Ipsos MORI

**Figure 12**

**Need for improvement in quality of nursing care**

Q: Based on what you know or have heard about the NHS, can you tell me whether you think the NHS in your local community is in need of improvement?

![Graph showing need for improvement in quality of nursing care](image)

Base: c. 1,000 adults aged 16+, England

Source: DH/Ipsos MORI
Even though people are noticing improvements in some areas and satisfaction with the running of the NHS nationally has increased slightly, among the public at large more expect the NHS to get worse, rather than better, over the next few years. Moreover, supporters of all political parties are becoming more concerned about this, as shown in Figure 13. The net proportion of those who think the NHS will get better over the next few years has generally been in decline since 2002 and reached its lowest ever recorded level in early 2006. However, there was an election-related rise in optimism in late spring 2005 and more recently, in May 2006, there may be early signs of a recovery. This downward trend is likely to continue following the media coverage of a large deficit in the NHS budget.

Figure 13

**NHS’ prospect by political party**

*Thinking about the NHS over the next few years do you expect it to get better/worse?*

<table>
<thead>
<tr>
<th>Mar 02</th>
<th>May 02</th>
<th>Sep 02</th>
<th>Dec 02</th>
<th>Mar 03</th>
<th>Jun 03</th>
<th>Sep 03</th>
<th>Dec 03</th>
<th>Mar 04</th>
<th>Jun 04</th>
<th>Sep 04</th>
<th>Nov 04</th>
<th>Dec 04</th>
<th>Jan 05</th>
<th>Feb 05</th>
<th>Mar 05</th>
<th>Apr 05</th>
<th>May 05</th>
<th>Jun 05</th>
<th>Jul 05</th>
<th>Aug 05</th>
<th>Sep 05</th>
<th>Oct 05</th>
<th>Nov 05</th>
<th>Dec 05</th>
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<th>Feb 06</th>
<th>Mar 06</th>
<th>Apr 06</th>
<th>May 06</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labour</td>
<td>Conservative</td>
<td>Lib Dem</td>
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</tbody>
</table>

Base: c.1,000 British adults

Source: Deloitte/Ipsos MORI
Satisfaction with the NHS in context

Where possible, the perceptions and expectations of public services among the general public should be placed in context.

Two comparisons can be offered. One is between perceptions and expectations of public services compared with private sector companies, shown in figure 14. The other shows satisfaction with health services relative to other public services, shown in figure 15.

People think the private sector is better at providing services than the public sector by a margin of more than 3:2. Just as many though, think there is no difference between the two (these views are consistent between England and Wales).

**Figure 14**

**Public and private sector performance**

Q  *I would like you to think about public sector organisations like local councils, schools, and hospitals, and private sector companies like shops and banks. Which do you think is better at providing services – public sector organisations or private sector companies – or do you think there is no difference?*

Base: English and Welsh adults (1,369), 2004

Source: Ipsos MORI
Satisfaction with individual service episodes, measured among those who have used the service in the last 12 months, varies greatly, (see figure 15). Those using their local council, the police or transport services tend to be less satisfied than those using health or education services. There are no differences between English and Welsh levels of satisfaction.

### Figure 15

**Overall satisfaction with public service episodes**

*Q Overall, how satisfied or dissatisfied were you with the service you received? (when you last contacted or dealt with it)*

<table>
<thead>
<tr>
<th></th>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>All services average</td>
<td>14%</td>
<td>9%</td>
<td>26%</td>
<td>48%</td>
</tr>
<tr>
<td>Education services</td>
<td>6%</td>
<td>7%</td>
<td>30%</td>
<td>56%</td>
</tr>
<tr>
<td>Health services</td>
<td>6%</td>
<td>8%</td>
<td>25%</td>
<td>57%</td>
</tr>
<tr>
<td>The Police</td>
<td>29%</td>
<td>7%</td>
<td>28%</td>
<td>32%</td>
</tr>
<tr>
<td>Transport</td>
<td>28%</td>
<td>11%</td>
<td>33%</td>
<td>21%</td>
</tr>
<tr>
<td>Local council</td>
<td>36%</td>
<td>14%</td>
<td>20%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Base: British service users, 2004. All services (1,502): Health (612), Education (389), Police (87), Local council (84), Transport (85)  
Source: Ipsos MORI
Patient Experiences of the NHS

Despite this general lack of optimism among the general public, satisfaction with the NHS among its recent users is high and has remained stable since 2000. This highlights how nationally the NHS is something of a political football. There are discrepancies between the general public perceptions of the NHS nationally and patients’ local experiences of it. Only by looking at actual patient experience locally can we form an assessment about what is really happening.

A summary of patient satisfaction levels across care settings is shown in Figure 16. Satisfaction with general practitioners is higher than with any other part of the NHS. This unique position of GPs can be seen elsewhere. For example, GPs are the most trusted professionals in Britain – over nine in ten think they tell the truth (91%). A&E departments are rated least favourably, but have shown signs of improvement since 2002 (from 53% in 2002 to 70% in 2005). Similarly, patients are now more positive about outpatient services than they were in 2002 (85% compared with 79%).

Figure 16

Public vs. Patient Satisfaction with the NHS

Q From your own experience or from what you have heard, to what extent are you satisfied or dissatisfied with the NHS [service]?

Base: NHS (c. 1,000), GP users (c. 800), inpatients (c. 100), outpatients (c. 300), A&E (c. 150), England

Source: DH/Ipsos MORI

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3 Ipsos MORI 2005 data on trust show that doctors are the most trusted professionals in Great Britain - 91% of the general public think they tell the truth. The results are based on 2,017 face-to-face interviews in GB, conducted between 17 and 21 February 2005.

4 Due to the small base sizes, it is not possible to say whether the rising satisfaction with inpatient services, which is now at similar levels to the GP satisfaction, is significant, or not.
Figure 16 also illustrates an important distinction in the way patients and the general public rate the NHS. Satisfaction levels among patients are c. 20 percentage points higher than satisfaction with the running of the NHS at the national level. This suggests there are two dimensions to the NHS which need to be taken into account – local NHS bodies used by generally satisfied patients vs. the NHS as a national organisation, rated more critically by the British tax payer.

Similarly, satisfaction levels with individual services are between 20 and 30 percentage points higher among recent users compared with the view of the general public as a whole. For example, the general public’s satisfaction with outpatient treatment stands at 54% in winter 2005, but this rises to 85% among recent outpatients’ users. Similar trends can be observed across care settings (inpatients and A&E) and along the trend line (between 2002 and 2005).

The verbatims below illustrate the discrepancy between the general public’s perception of local NHS services and of the NHS nationally as opposed to patients’ generally satisfactory local experiences of their health services. The issue is further complicated by the fact that many people hold the NHS itself, rather than the media in general, responsible for redressing this issue and improving communications with more accurate messages.

Yeah, I’ve heard a lot of stories as well [about cleanliness] but actually my first hand experience when I had my daughter, who is just nearly two, was good there.

Female, Darlington, April 2006

The NHS is not very good at communication to the general public I don’t think, to the taxpayer

Male, 45-60, ABC1, Exeter

The only exception to this rule are GPs. The public and the patients rate them similarly highly. For example, 83% of the public were satisfied in winter 2005, compared with 85% of recent patients. This simply reflects the fact that around eight in ten have visited an NHS GP in the last year or so and therefore there is little difference between the patients and the general public in this regard.
What drives patient perceptions?

Ipsos MORI’s report “Frontiers of Performance in the NHS” in 2004 highlighted that objective measures of performance of hospitals, for example the waiting times for admission or standardised mortality ratios, have little or no relationship with patients’ ratings of overall care⁵.

The analysis shows that patient satisfaction with their hospital stay is driven by soft issues, such as being treated with dignity and respect, and by good communication with patients, as shown in Figure 17. However, two more tangible issues are also strong predictors of satisfaction – hospital cleanliness and the organisation of A&E care.

**Figure 17**

![Key Drivers of Perceptions of Acute Trusts](source: Ipsos MORI)

Ratings of overall inpatient care

<table>
<thead>
<tr>
<th>Driver</th>
<th>Percentage Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect &amp; dignity</td>
<td>+37%</td>
</tr>
<tr>
<td>Clean wards/toilets</td>
<td>+15%</td>
</tr>
<tr>
<td>Pain control</td>
<td>+13%</td>
</tr>
<tr>
<td>Medicines explained</td>
<td>+13%</td>
</tr>
<tr>
<td>Communicated side effects</td>
<td>+8%</td>
</tr>
<tr>
<td>A&amp;E organisation</td>
<td>+7%</td>
</tr>
<tr>
<td>Privacy to discuss treatment</td>
<td>+6%</td>
</tr>
</tbody>
</table>

On the whole, the drivers of overall service ratings are not related to the key issues seen as most important in the NHS nationally, shown in Figure 7. The exception is clean wards and toilets, which is found to be among top five key issues. However, other drivers of satisfaction highlighted here, for example communicating side effects and explaining medicines, may be related to understaffing in the NHS, which is mentioned among the top five issues facing the NHS at present.

Thinking now more specifically about patient experience across care settings, it is clear that patients rate some services higher than others.

Figure 18 shows that patients feel they receive a good quality of care when they use the NHS. Over eight in ten are satisfied with it, and only fewer than one in ten are dissatisfied. Satisfaction levels have remained stable and high since 2000.

**Figure 18**

### Satisfaction among users – Quality of care

**Q** Thinking now about the last time you were treated/attended hospital [as an inpatient/outpatient/A&E patient], to what extent were you satisfied or dissatisfied with each of the following aspects of the NHS?

**The quality of care provided**

Base: All who have been an inpatient, outpatient or A&E patient in the last year (c. 500-600), England

Source: DH/Ipsos MORI
However, there has been a decline in satisfaction with hospital cleanliness – from 69% in 2000 to 62% in 2005 as shown in figure 19 below. This is likely to mirror the more widespread media coverage of cases of uncontrolled hospital infections such as MRSA. It will be as important for the NHS to manage the public’s perceptions in this respect as it will be to actually reduce infection levels: cleanliness is one of the key predictors of overall ratings of care.

Figure 19

Satisfaction among users – Cleanliness

Q Thinking now about the last time you were treated/attended hospital [as an inpatient/outpatient/A&E patient], to what extent were you satisfied or dissatisfied with each of the following aspects of the NHS?

Overall appearance and cleanliness of hospitals

Base: All who have been an inpatient, outpatient or A&E patient in the last year (c. 500-600), England

Source: DH/Ipsos MORI
Public perceptions of waiting times do not mirror the decline we see in actual numbers waiting, (see figure 20). Waiting times concern people – among the top seven aspects in need of most improvement in their local NHS, four aspects relate to waiting times. For example, 31% name consultant waiting times as most important to improve and the same proportion say so about A&E waits. Waiting times for GP appointment and non-emergency appointments are seen as important to improve by around one in four (24% and 23% respectively). Only dentists registrations and cleanliness are cited more frequently (35% and 34% respectively).

Although the waiting list is declining, only one in eight (12%) perceive it to be getting shorter (nevertheless an improvement on previous years). More say waiting lists are getting longer. So even though this perception gap is beginning to narrow, there remains a huge problem in convincing the public that the NHS is improving on a key area of performance.

Figure 20

Perception of waiting list compared with actual numbers waiting

The relationship between waiting and satisfaction is not straightforward. As highlighted by the BSA survey in 2001/02, it is the general public’s attitudes towards waiting times rather than hospital waiting lists that are the significant predictor of overall dissatisfaction with the NHS.6

---

The impact of media coverage has been mentioned earlier. In Figure 21, we can see a concrete example of this relationship. The slant of the media coverage regarding the NHS’ ability to reduce waiting times is rarely positive, and varies between being mildly and very negative, closely mirrored by the general public’s ratings of the ability to deal with NHS waiting lists.

This is not, in some respects, surprising. The media are often the public’s main source of information about the NHS, and making judgements about the quality of a service which is used only infrequently can be difficult without external references and comparisons – most of the public are not on a waiting list.

However, it indicates that in its fight for better waiting times and shorter waiting lists, but also in other areas, the NHS is up against not only the logistical issues, but also needs to convince the public and the media that it can improve the service.

Figure 21

Waiting Lists: Attitude v Media Impact

4 week rolling data

Source: Test Research / Ipsos MORI

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Employee Attitudes within the NHS

In a recent general public survey conducted for The Work Foundation, we examined public sector staff views. Public sector workers constitute a significant proportion of the total UK workforce (20.4%)\(^9\) and the views of this group, more specifically, of NHS staff and health workers provide an understanding of how the NHS is developing as it reforms.

The charts that follow illustrate that relative to workers within other public services, NHS staff tend to be more critical of their employers and the services they provide. For example, just under two thirds of NHS/health workers would speak highly of the services provided by their organisation (58%). These findings, (and those detailed in figures 23 to 26) suggest that the NHS could improve its performance against these measures.

Figure 22

**Advocacy of NHS/Health services**

*Q Which of these phrases best describes the way you would speak about the services your organisation provides to other people?*

<table>
<thead>
<tr>
<th>Service</th>
<th>% Critic</th>
<th>% Advocate</th>
<th>% Net Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS/Health</td>
<td>18</td>
<td>58</td>
<td>+40</td>
</tr>
<tr>
<td>All public sector workers</td>
<td>14</td>
<td>63</td>
<td>+49</td>
</tr>
<tr>
<td>Local government</td>
<td>19</td>
<td>58</td>
<td>+39</td>
</tr>
<tr>
<td>Education</td>
<td>9</td>
<td>71</td>
<td>+62</td>
</tr>
</tbody>
</table>


A similar pattern emerges when NHS/health workers are asked about the way they would speak to other people about their organisation as an employer. Just over half of NHS/health workers are advocates of their organisation compared to the same number among local government employers and 61% of those working in education.

Figure 23

Advocacy of NHS/Health as employer

Q Which of these phrases best describes the way you would speak of your organisation as an employer to other people?

<table>
<thead>
<tr>
<th></th>
<th>% Critic</th>
<th>% Advocate</th>
<th>% Net Advocate</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS/Health</td>
<td>22</td>
<td>54</td>
<td>+32</td>
</tr>
<tr>
<td>All public sector</td>
<td>19</td>
<td>57</td>
<td>+38</td>
</tr>
<tr>
<td>Local government</td>
<td>20</td>
<td>54</td>
<td>+34</td>
</tr>
<tr>
<td>Education</td>
<td>15</td>
<td>61</td>
<td>+40</td>
</tr>
</tbody>
</table>


Source: Ipsos MORI
The concerns felt by the general public regarding the quality of management in the NHS have been highlighted (see figures 7 & 8, pp.10 to 12). Research suggests that NHS employees share these concerns. Only 48% of NHS/health workers agree that within their organisation, senior management have a clear vision of where their organisation is going.

Figure 24

**Attitudes to senior NHS/Health management**

*Q Senior management have a clear vision of where this organisation is going*

<table>
<thead>
<tr>
<th></th>
<th>% Disagree</th>
<th>% Agree</th>
<th>% Net Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS/Health</td>
<td>38</td>
<td>48</td>
<td>+10</td>
</tr>
<tr>
<td>All public sector workers</td>
<td>29</td>
<td>54</td>
<td>+25</td>
</tr>
<tr>
<td>Local government</td>
<td>31</td>
<td>51</td>
<td>+20</td>
</tr>
<tr>
<td>Education</td>
<td>19</td>
<td>67</td>
<td>+48</td>
</tr>
</tbody>
</table>


Source: Ipsos MORI
Further insight is provided into NHS management issues in figure 25 below. Just under half of NHS/health staff agree with the view that their line manager inspires them to do a better job. These finding suggest that management driven motivation may be an issue within the NHS.

Figure 25

Views on NHS/Health line management

Q  *My line manager inspires me to do a better job*

<table>
<thead>
<tr>
<th></th>
<th>% Disagree</th>
<th>% Agree</th>
<th>% Net Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS/Health</td>
<td>30</td>
<td>48</td>
<td>+18</td>
</tr>
<tr>
<td>All public sector workers</td>
<td>24</td>
<td>56</td>
<td>+32</td>
</tr>
<tr>
<td>Local government</td>
<td>24</td>
<td>60</td>
<td>+36</td>
</tr>
<tr>
<td>Education</td>
<td>16</td>
<td>63</td>
<td>+47</td>
</tr>
</tbody>
</table>


Source: Ipsos MORI
Two thirds of NHS/health staff agree that their organisation puts the needs of its customers/service users first. NHS staff score the lowest against this measure compared to local government and education workers (63% & 71% respectively). This finding may be particularly significant given the new patient-centred and results driven environment in which the NHS now finds itself and suggests that there is still work to be done establishing reform.

Figure 26

### Prioritising customers needs in the NHS/Health Sector

Q  *My organisation puts the needs of its customers/service users first*

<table>
<thead>
<tr>
<th></th>
<th>% Disagree</th>
<th>% Agree</th>
<th>% Net Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS/Health</td>
<td>24</td>
<td>60</td>
<td>+36</td>
</tr>
<tr>
<td>All public sector</td>
<td>17</td>
<td>67</td>
<td>+50</td>
</tr>
<tr>
<td>workers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local government</td>
<td>21</td>
<td>63</td>
<td>+42</td>
</tr>
<tr>
<td>Education</td>
<td>12</td>
<td>71</td>
<td>+59</td>
</tr>
</tbody>
</table>


Source: Ipsos MORI
Variations in Attitudes to the NHS and Patient Care

Ethnic differences

In the Ipsos MORI report entitled “Frontiers of Performance in the NHS”, we found that people in areas that are more ethnically diverse tend to be less satisfied with NHS services. The correlation between the ethnic diversity of an area and patient ratings of care is illustrated by Figure 27.

Our research in local government mirrors this finding: ethnically diverse populations tend to be less satisfied with a range of services provided by councils than more homogenous populations, although the relationship is strongest in the NHS.

Figure 27

Variation by ethnicity – ethnic diversity and ratings of inpatient care

Source: NHS Acute Trust inpatient surveys 2001-2, England

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Interestingly, at the national level, there seem to be few differences in satisfaction with the way the NHS as a whole is run nowadays. Similar proportions of the ethnic groups are satisfied, as shown in Figure 28.

Figure 28

Variation by ethnicity – national NHS

Q Overall, how satisfied or dissatisfied are you with the running of the National Health Service nowadays?

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>60%</td>
</tr>
<tr>
<td>White</td>
<td>60%</td>
</tr>
<tr>
<td>Black</td>
<td>62%</td>
</tr>
<tr>
<td>Asian</td>
<td>58%</td>
</tr>
</tbody>
</table>

Source: DH/Ipsos MORI
However, once we examine satisfaction with specific NHS services, we find that Black and Ethnic Minority groups, and in particular Asian people, tend to be more critical of the care they receive. For example, as shown in Figures 29, Asian and Black people are more likely to think that the quality of care provided by GPs is in need of a lot improvement than white people.

**Figure 29**

**Variation by ethnicity – quality of local NHS services**

Q *Based on what you know or have heard about the NHS, can you tell me whether you think the NHS in your local community is in need of improvement?*

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% need a lot of improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>8%</td>
</tr>
<tr>
<td>White</td>
<td>7%</td>
</tr>
<tr>
<td>Black</td>
<td>12%</td>
</tr>
<tr>
<td>Asian</td>
<td>17%</td>
</tr>
</tbody>
</table>

Source: DH/Ipsos MORI
Asian people are more critical than white and Black people about hospital waiting times, be it for non-emergency operations or to see a consultant, as shown in Figure 30 and 31.

**Figure 30**

**Variation by ethnicity – hospital waiting times for non-emergencies**

Q *Based on what you know or have heard about the NHS, can you tell me whether you think the NHS in your local community is in need of improvement?*

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% Need a lot of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>30%</td>
</tr>
<tr>
<td>White</td>
<td>30%</td>
</tr>
<tr>
<td>Black</td>
<td>32%</td>
</tr>
<tr>
<td>Asian</td>
<td>36%</td>
</tr>
</tbody>
</table>

Source: DH/Ipsos MORI

**Figure 31**

**Variation by ethnicity – waiting times for consultant appointments**

Q *Based on what you know or have heard about the NHS, can you tell me whether you think the NHS in your local community is in need of improvement?*

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>% Need a lot of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>34%</td>
</tr>
<tr>
<td>White</td>
<td>33%</td>
</tr>
<tr>
<td>Black</td>
<td>36%</td>
</tr>
<tr>
<td>Asian</td>
<td>40%</td>
</tr>
</tbody>
</table>

Source: DH/Ipsos MORI
Lower levels of satisfaction among Asian people with particular aspects of the NHS can be explained in a number of ways, which are most likely to be interconnected and each factor cannot in isolation explain these higher levels of criticism. Our exploratory qualitative research into this highlights a number of factors.

The Asian population tends to be younger than average (see next section on variation by age), and as older people tend to be more satisfied with public services in general, this may lead to lower satisfaction levels among Asians (although so too is the Black population and this pattern is not apparent).

Part of the explanation may be that Asian patients are receiving medical care of inferior standards to the care given to white patients, perhaps as a result of language or cultural barriers.

However, other explanations relating to the cultural upbringing and expectations of Asian people are also plausible. White people may have greater attachment to the NHS as an institution and tend to be more familiar with its history.

*Asian people they’re just new here, they expect to get everything straight away, they don’t actually know the history and the background of the NHS*

Patient, Asian, 25-40

Ipsos MORI qualitative work carried out for the Newham University Hospital NHS Trust and North-East London Strategic Health Authority looked at why their Asian patients are markedly less satisfied than others. The research concluded that the higher levels of dissatisfaction are based upon Asian people’s higher expectations of the NHS, alongside communication issues. This is particularly so among older Asian patients who are used to and demand more respect both at home and when engaging with public services compared to white people of a similar age and background. Some also suggest that because their standard of living has risen since they left their home country, they expect public services in the UK to be of a higher standard.

*They expect more now than in India because they are living in England*

Patient, Asian, 25-40

Others argue that in their home country, they knew what to expect from services, and paying for them directly resulted in a certain level of care. In this example, Asian patients would rather pay directly for a service and know what they are entitled to receive as a result, despite this not being a financially viable option for most.
Perhaps as a result of all this, shown in Figure 32, Asian people are less likely than White or Black people to think the NHS is “crucial to British society”. The Asian population is more likely to favour reform – a reflection of lower satisfaction locally?

Figure 32

Variation by ethnicity – attachment to the NHS

Q Which of the following statements best reflects your thinking about the NHS?

% The NHS is crucial to British society and we must do everything to maintain it

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>77%</td>
</tr>
<tr>
<td>White</td>
<td>78%</td>
</tr>
<tr>
<td>Black</td>
<td>80%</td>
</tr>
<tr>
<td>Asian</td>
<td>65%</td>
</tr>
</tbody>
</table>

Base: 2,991 adults aged 16+, England, aggregate 2004-2005 data

Source: DH/Ipsos MORI
Age differences

In Ipsos MORI’s research for the public sector, we often find that older people are more likely to express satisfaction with a range of public services, partly reflecting higher levels of awareness. For example, in research for the Office of Public Services Reform, we found that those aged over 60 are more likely to say that public services like local councils, schools or hospitals exceed their expectations than younger people.\(^\text{11}\)

In the NHS, similar trends can be observed. For example, NHS Trusts in areas where there is a higher proportion of residents aged over 65 tend to be rated more highly by patients than those areas with a younger resident profile (see Figure 33).

Figure 33

Variation by age – over 65s population and overall PCT ratings

This positive impact of age on satisfaction levels is consistent across care setting. Older people and older patients alike tend to be more satisfied with NHS services provided in primary care, as well as secondary and emergency care.

\(^{11}\) The Drivers of Satisfaction with Public Services for Office of Public Services Reform, 2004
Regional and socio-economic factors

Satisfaction with the NHS varies sharply across England’s regions. Those living in the North tend to be more satisfied with the way the NHS is run, whilst those in the South East and London tend to be less satisfied (see Figure 34). Other Ipsos MORI research also indicates that people living in the northern parts of England are most positive, and London and South East residents most critical of a range of private and public sector institutions\(^\text{12}\).

Figure 34

**Variation by region – national NHS**

Q *Overall, how satisfied or dissatisfied are you with the running of the National Health Service nowadays?*

<table>
<thead>
<tr>
<th>Region</th>
<th>% Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>60%</td>
</tr>
<tr>
<td>North East</td>
<td>71%</td>
</tr>
<tr>
<td>North West</td>
<td>63%</td>
</tr>
<tr>
<td>South West</td>
<td>63%</td>
</tr>
<tr>
<td>Yorks &amp; Humber</td>
<td>61%</td>
</tr>
<tr>
<td>East Midlands</td>
<td>60%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>60%</td>
</tr>
<tr>
<td>Eastern</td>
<td>58%</td>
</tr>
<tr>
<td>London</td>
<td>56%</td>
</tr>
<tr>
<td>South East</td>
<td>55%</td>
</tr>
</tbody>
</table>


Source: DH/Ipsos MORI

However, these variations may in part relate to the profile of the populations in the various regions. Populations in the North tend to be more ethnically homogenous, while in London in particular, the population is both ethnically diverse and younger.

\(^\text{12}\) Page, B. Gilby, N. (2004): *Who are the Grousers and Shiners?*  
Of course, regional variations could also correspond to the actual performance of the NHS. For example, in Ipsos MORI’s Frontiers of Performance analysis, we have shown that the Healthcare Commission’s star ratings of acute trusts are consistent with the variations on satisfaction levels (see Figure 35). Trusts in London and the South East tend to be lower down in the ranks, whilst those in South West and more rural areas tend to be ranked more highly. A similar pattern can be observed in relation to the PCTs’ overall ratings of care.

**Figure 35**

![Variation by region – ratings of care](source)

Social class also matters in how people perceive the NHS, with less affluent people being more satisfied with the NHS as a whole. However, its impact is not as consistent as is the case with age, and the differences by social class partly reflect age.

Moreover, the higher satisfaction with the NHS as a whole among less well-off people does not always carry through and lead to higher satisfaction with NHS services as patients. On some aspects, for example on the need of improvement in GP care and or regarding time spent waiting in A&E department, less well-off people are more likely to recognise that services need improvement than others.

Therefore, their support for the ‘national’ NHS may be based upon their political beliefs, which are more likely to be aligned with Labour. As we saw in Figure 13, political stance and support for the government is the key driver for satisfaction with the NHS.
Understanding Public and Patient Attitudes to the NHS for the Healthcare Commission

Awareness of and Attitudes to Choice in the NHS

Public attitudes towards choice

Giving patients more choice about how, when and where they receive treatment is a cornerstone of the Government’s health strategy. Under national policy, from the start of 2006 patients should be offered choice at the point of referral, so that when a GP makes the initial judgement that consultation or treatment is required in secondary care, the patient will have the option of choosing where they wish to be treated.

Awareness of the choice initiative is currently low. Only around one in five people have heard at least a fair amount about it, and most know just a little or nothing at all (see Figure 36). Awareness is even lower in Wales, where policies for patient choice are less developed, with only one in ten knowing at least a fair amount about it, compared with one in five in England.

Figure 36

**Awareness of the choice initiative**

Q *The Government is developing a new policy to offer people using the NHS more choice about their treatment. How much, if anything, have you heard about this new initiative?*

<table>
<thead>
<tr>
<th>Awareness level</th>
<th>England</th>
<th>Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know at least a fair amount</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Know just a little/nothing</td>
<td>79</td>
<td>89</td>
</tr>
</tbody>
</table>

Base: 1,029 English and Welsh residents aged 40+, 20th - 24th January 2005  
Source: DH/Ipsos MORI

However, the issues associated with the choice initiatives, such as the Choose and Book system allowing GPs to book appointments, or the possible closure of some hospitals due to low patient flows, have received relatively frequent media coverage in 2005. In addition, patients who see their GP about a planned hospital admission are now routinely given a booklet entitled ‘Choosing your hospital’. Therefore, it is likely that current levels of awareness are higher than those presented in Figure 36, based on data collected at the very start of 2005.
Providing more choice to NHS patients is seen as a way of improving standards across the board for everyone using the NHS (see Figure 37). There are indications that the public agree with this and that they believe that increasing choice will lead to better quality healthcare services.

**Figure 37**

**Impact of choice on quality of local services, outside hospitals**

Q What difference, if any, do you think increasing choice would make to the quality of healthcare services outside hospitals, such as GP’s and clinics, in your local area?

- Healthcare services would be much better: 25%
- Healthcare services would be much worse: 3%
- Healthcare services would be a little worse: 6%
- It would make no difference: 30%
- Don’t know/Not stated: 35%

Base: 1,016 UK Adults aged 16+, 17th September – 28th October 2005

Source: Ipsos MORI
Only around one in five believe choice will bring inequalities and mostly benefit the better-educated or better-off patients (see figure 38). Indeed, a recent study shows that when asked, nearly two fifths of the general public agreed that there was not enough choice in healthcare services outside hospital, (such as GPs and clinics) in their local area.\textsuperscript{13}

**Figure 38**

**Impact of choice on quality of services**

*Q  Which of these statements comes closest to your own view?*

- Offering patients a wide choice of hospitals in the NHS will mostly benefit the better-off and better-educated patients (21%)
- Offering patients a wide choice of hospitals will help push up standards for everyone using the NHS (74%)
- Don’t know (5%)

Base: 1,200 British adults aged 16+, July 2004

Source: Ipsos MORI

\textsuperscript{13} Based on 1,016 Adults, MORI/Pfizer Health Choice Index, 2005. “Which, if any, of the statements on this card most closely applies to your view of healthcare services outside hospitals, such as GPs and clinics, in your local area?” 38% ‘There is not enough choice’.
At the same time, choice is seen as being much less important than simply having more capacity in the system, demonstrated by increased numbers of NHS staff and shorter waiting times.

Qualitative research suggests that there are concerns among the general public regarding the impact of choice on quality of care, choice inequality among different areas and the quality of support/information that will be provided for decision making.

How will we make that choice? We need information on, say, the hospitals.

Male, 35-45, C2DE, Exeter

It means they’re going to try and get as many people on their books as possible, you’re going to end up with longer waiting times to see a doctor ‘cause there’s more people.

Male, 18-35, ABC1, Darlington

Yeah, choice is great if you live in a big city where you’ve got lots of hospitals

Female, 45-60, ABC1, Exeter
However, just because people agree choice will bring about improvements, it does not follow they see choice as the best way of achieving this aim. For example, as shown in Figure 39, more people say they would be prepared to pay more taxes to ensure a good quality hospital near their home than travel to a hospital of their choice without tax increases.

**Figure 39**

**Relative importance of choice**

*Q. If you had to choose between these two policies which would you prefer?*

- Paying more taxes to ensure a good quality hospital near your home: 53%
- Having no increase in taxes but a choice of receiving treatment in a hospital anywhere in the country: 43%
- Don't know: 4%

Base: 1,200 British adults aged 16+, July 2004
Source: Ipsos MORI
As part of the choice initiative, one of the facilities where patients can choose to go will be a private sector facility where treatment is paid for by the NHS. As Figure 40 shows, the majority of people do not have a preference for the provider of their medical care and would be happy to be treated by either the NHS or in the private sector. Around one in four would prefer to be treated by the NHS and the proportion of those who prefer private healthcare is half of that. There are no significant differences between those living in England in Wales in terms of their preferences for care.

Figure 40

Preference for healthcare treatment

Q In general, would you prefer to receive treatment from a private healthcare provider, or treatment from an NHS hospital, or would you be happy with being treated at either?

<table>
<thead>
<tr>
<th>Preference</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private</td>
<td>14%</td>
</tr>
<tr>
<td>NHS</td>
<td>23%</td>
</tr>
<tr>
<td>Either</td>
<td>58%</td>
</tr>
<tr>
<td>Don't know</td>
<td>1%</td>
</tr>
<tr>
<td>It depends</td>
<td>4%</td>
</tr>
</tbody>
</table>

Base: 1,029 English and Welsh residents aged 40+, 20th - 24th January 2005

Source: DH/Ipsos MORI
This finding is supported by research that suggests that just under three quarters (71%) of the public are happy with private hospital care provided that it is free, (see figure 41).

**Figure 41**

**Attitudes towards NHS paying for private sector care**

Q *Recent changes in the way the NHS works mean that the NHS will pay for patients to have their operations done by private hospitals. Thinking about this, which of the following statements best describes how you feel about this?*

- **Very unhappy**: 7%
- **Fairly unhappy**: 4%
- **No preference**: 16%
- **Fairly happy**: 16%
- **Very happy**: 55%
- **Don't know**: 2%

Base: 1,201 residents in Birmingham & the Black Country, 1st April – 22nd April 2005  
Source: Ipsos MORI
Interestingly, even though most do not have a clear preference for a provider, the private sector is seen to be better at providing many of the non-medical services patients can expect during a hospital stay.

At present, national data are not available to support this argument, but a number of local studies conducted by Ipsos MORI over the last couple of years have shown this to be the case.

For example, a summary presentation of each sector’s ‘net advantage’ in terms of providing different aspects of care is presented in Figure 42, based on a study for Birmingham and the Black Country Strategic Health Authority conducted in 2005\textsuperscript{14}. The green bars represent aspects of care perceived as best dealt with by the private sector, and the blue bars show the aspects that are thought to be handled better by the NHS. There are only two aspects where the NHS is seen as a better provider – the ability of the NHS to respond to religious or other personal needs and beliefs and its ability to deal with operations that go wrong.

**Figure 42**

### Perception of superiority

*Q Can you tell me where you think the NHS or the private sector would be better at providing each of the following services?*

<table>
<thead>
<tr>
<th>Aspect</th>
<th>NHS Superior</th>
<th>Private Sector Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well managed centre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evening/weekends treatments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural sensitivity</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Staff treating me with dignity/respect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flexibility about visiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A private room if you want it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of the food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A nice environment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced risk of infection/MRSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dealing with things going wrong</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Most modern equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of nursing care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of medical care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Base: 1,201 residents in Birmingham & the Black Country, 1st April – 22nd April 2005

Source: Ipsos MORI

\textsuperscript{14} Choice in Birmingham and the Black Country SHA, based on 1,201 telephone interviews conducted from 1 to 22 April 2005.
As we would expect, satisfaction with the choice people are given about when and where they are treated is on the increase. Figure 43 shows that the proportion of those dissatisfied with the amount of choice they had has declined, from 28% in 2002 to 13% in 2005. The pool of satisfied patients has risen by 12 percentage points. In 2006, one could expect satisfaction to rise again, following the roll-out of the choice initiative nationally, but it may be that raised expectations mean this does not happen!

Figure 43

Satisfaction among users – choice of time and place

Thinking now about the last time you were treated/attended hospital [as an inpatient/outpatient/A&E patient], to what extent were you satisfied or dissatisfied with each of the following aspects of the NHS?

The amount of choice you had about when and where you were treated

<table>
<thead>
<tr>
<th>Year</th>
<th>Spring</th>
<th>Winter</th>
<th>Spring</th>
<th>Winter</th>
<th>Spring</th>
<th>Winter</th>
<th>Spring</th>
<th>Winter</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>44</td>
<td>36</td>
<td>52</td>
<td>52</td>
<td>58</td>
<td>59</td>
<td>56</td>
<td>52</td>
</tr>
<tr>
<td>2003</td>
<td>28</td>
<td>28</td>
<td>19</td>
<td>15</td>
<td>15</td>
<td>17</td>
<td>14</td>
<td>13</td>
</tr>
</tbody>
</table>

Base: All who have been an inpatient, outpatient or A&E patient in the last year (c. 500-600), England

Source: DH/Ipsos MORI

15 Please note views from patients treated in A&E department, but only non-emergency elective care falls under the choice initiative.
Factors that patients say they would take into account when selecting from a list of hospitals are listed in Figure 44. These results must be seen as illustrative and indicative only, as they are based on hypothetical decisions, not real choice decisions made in the past.

Cleanliness, mentioned earlier as an area of falling satisfaction and as one of the strongest predictors of overall ratings of care, is mentioned by more than half. The length of time patients would have to wait for an operation or treatment is the second most important factor. Those living in Wales treat these two factors particularly importantly: 69% and 64% say they would be most important, compared with 52% and 48% of those living in England.

**Figure 44**

<table>
<thead>
<tr>
<th>Factors</th>
<th>Top ten mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness</td>
<td>53%</td>
</tr>
<tr>
<td>Length of time to wait for an operation or treatment</td>
<td>49%</td>
</tr>
<tr>
<td>Reputation of the hospital</td>
<td>35%</td>
</tr>
<tr>
<td>Operation success rates</td>
<td>26%</td>
</tr>
<tr>
<td>Being treated with dignity/ respect by staff</td>
<td>25%</td>
</tr>
<tr>
<td>Convenience of location/ transport facilities</td>
<td>19%</td>
</tr>
<tr>
<td>Reputation of consultant</td>
<td>18%</td>
</tr>
<tr>
<td>Set my own date/time to see consultant/specialist</td>
<td>13%</td>
</tr>
<tr>
<td>Having a choice of consultant</td>
<td>11%</td>
</tr>
<tr>
<td>Have more care at home rather than in hospital</td>
<td>7%</td>
</tr>
</tbody>
</table>

*Base: All 1,029 English and Welsh residents aged 40+, 20 - 24 January 2005*  
*Source: DH/Ipsos MORI*

Even though the above results indicate rising satisfaction with choice and provide some clues as to how patients make choices, more research is needed to fully understand patient behaviour in this new environment. In particular, it will be important to find out whether and what kind of choice patients receive when they require treatment that can be planned in advance. Similarly, research will be needed to reveal to what extent patients feel supported in making their choice, which factors they take into account when making their choice and what role GPs play in their decisions.