



London Residents' Attitudes to Local Health Services and Patient Choice

Research Study Conducted for NHS London

January 2007

London Residents' Attitudes to Local Health Services and Patient Choice

Research Study Conducted for NHS London

January 2007

Contents

Introduction	5
Background and objectives	5
Methodology	5
Structure of the Report	6
Previous Research	6
Interpreting the data	6
Acknowledgements	7
Publication of data	7
Summary of Findings	8
1. Perceptions of the NHS	11
Overall satisfaction with the NHS	11
Local and national service provision and NHS policy	12
Will health services improve or get worse?	13
Who are the most positive and negative residents?	14
2. Priorities for improvement and perceptions of health services	19
2. Priorities for improvement and perceptions of health services	19
Priorities for improvement	19
Waiting times – a key priority for improvement	21
Cleanliness of hospitals – another important area of concern	23
Other aspects of services that may need attention	24
Who says these other aspects need attention?	24
Usage and satisfaction with health services	25
Usage and satisfaction with traditional health services	25
Usage of newer health services	27
3. Delivering services closer to home and choice in healthcare	32
Do residents want services to move closer to home in the future?	32
Perceptions of choice in healthcare	35
Requesting specific treatment	38
Factors influencing choice of treatment provider	40

4. Information sources	43
Receiving information about healthcare	43
Use and trust of specific sources of healthcare information	44
Appendices	
A Guide to statistical reliability	51
B. Sample profile	53
C. Social Grade definitions	54
D. Primary Care Trusts	55

Introduction

Background and objectives

NHS London commissioned Ipsos MORI to conduct a telephone survey about public attitudes towards healthcare in London. This survey follows the reconfiguration of Strategic Health Authorities on 1st July 2006. NHS London includes 31 Primary Care Trusts (PCTs) which mostly follow local authority boundaries except City and Hackney, and Sutton and Merton which are four local authorities paired into two PCTs (see list of PCTs in appendix D).

The research aims to collect baseline data at the SHA level on public experience in the light of recent reforms aimed at increasing variety of treatment choices. In addition, the research has the following objectives:

- To gain an insight into patient satisfaction with health services across London;
- To provide baseline data that would be comparable with the successive waves of the same study;
- To collect data on the general public's understanding of meaning of health reforms for them;
- To allow analysis of the data between PCTs to understand where satisfaction differs.

Methodology

Ipsos MORI conducted 20 minute telephone interviews amongst 7,036 London residents between 22nd September and 27th November 2006. Residents were selected from the 31 Primary Care Trusts (PCTs) in London using Random Digit Dialling (RDD).

To help ensure that the people who participated in the survey reflect the general profile of London residents, the survey adopted a proportional and stratified approach. The number of interviews conducted in each PCT was proportional to the size of the population and quotas based on the population profile of each PCT were also set. A minimum of 100 interviews were conducted in each PCT to ensure that different PCTs could be compared. At the end of fieldwork, data were weighted by age, gender, working status, housing tenure and ethnicity to reflect the 2001 census profile. A full profile of the residents who took part in the survey can be found in Appendix B.

Structure of the Report

Following this introduction, the report contains:

- A summary of findings providing an overview of the research results.
- Chapter 1 - Perceptions of the NHS: overall satisfaction with the NHS, local and national priorities and NHS policy; and perceptions of the future of the NHS.
- Chapter 2 - Priorities for improvement and perceptions of health services: services that may need attention, priorities for different groups; and service usage.
- Chapter 3 - Delivering services closer to home and choice in healthcare: perceptions of future options for London healthcare and perceptions of choice.
- Chapter 4 - Information sources: where residents get information about healthcare; which sources they trust most
- Appendices: a guide to statistical reliability, social grade definitions, a profile of survey respondents, and a list of London PCTs

Previous Research

To add context to the findings from the survey, data from previous Ipsos MORI research has been included in this report. Reference is made to a similar study commissioned by West Midlands SHA and a national tracker survey commissioned by the Department of Health.

The West Midlands SHA data is from a telephone survey conducted among 3,535 residents living in the area and was conducted between 8th August and 8th September 2006. Data from this survey provides useful comparison with the data from the NHS London survey.

The Department of Health's survey is based on 1,041 face-to-face interviews conducted between 12th November and 13th December 2005 amongst residents living in England.

Interpreting the data

It should be remembered that a sample and not all London residents have been interviewed. Therefore, all results are subject to sampling tolerances, which means that not all differences are statistically significant. A guide to statistical reliability is appended.

Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of "don't know" categories, or multiple answers. Throughout the report, an asterisk (*) denotes any value less than half a per cent but greater than zero.

Where nets are discussed this is expressed in plus (+) or minus (-) and this refers to the difference between the two most favourable ratings minus the two least favourable ratings. For example, the difference between a 'satisfied' score of 55% and 'dissatisfied' score of 45% gives a net score of +10.

Reference is also made to socio-economic groups of residents. There are two groups ABC1 and C2DEs which consist of groups listed in the Appendix C.

Acknowledgements

Ipsos MORI would like to thank the 7,036 residents who took part in this survey. We would also like to thank Bill Gillespie and Ray Wagner from NHS London for their help and advice in developing this project.

Publication of data

As with all our studies, findings from this survey are subject to our Standard Terms and Conditions of Contract. Any press release or publication of the findings of this survey requires the advance approval of Ipsos MORI. Such approval will only be refused on the grounds of inaccuracy or misrepresentation.

Summary of Findings

1. Perceptions of the NHS

London residents are generally satisfied with the running of the NHS and with their local NHS services. However, they are less positive about the quality of NHS services than nationally and the majority do not believe that the government has the right policies for the NHS. The views of London residents are generally in line with those of residents of the West Midlands. Londoners tend to be less positive about the NHS than the national population according to our most recent published research. However, lower overall satisfaction in London for some measures masks the fact that London residents are more likely to be **very** satisfied than the national average. In general, opinion about the NHS is more **polarized** in London, with a larger proportion of residents either very satisfied or very dissatisfied.

The under 25s, black residents and men tend to be most positive about the NHS, as are those who feel they have a choice about their healthcare and those who use NHS services, especially in-patient services. Those aged 35-54 and those who do not feel they have choice about their healthcare are amongst the least positive groups. In general, white residents tend to be less positive about the NHS than other ethnic groups. However, when it comes to the quality of their **local** NHS services, white residents are amongst the most positive.

2. Priorities for improvement and perceptions of health services

Usage of health services is higher in London than the national average – this is especially the case for Accident and Emergency (A&E) patients. However satisfaction ratings tend to be lower in London than nationally, or in the West Midlands. Those most likely to say they have used A&E services in the last year include full-time workers, parents and 16-24 year olds.

As we find nationally, improvements in waiting times and hospital cleanliness are the top priorities for London residents, followed closely by waiting times in Accident and Emergency (A&E) departments.

Residents who feel they have little service choice, are generally dissatisfied with the NHS or pessimistic about the future of the NHS tend to be dissatisfied with NHS services. Across London, women, older residents and ethnic minority groups (especially those of Asian descent) are most likely to mention that waiting times for appointments with hospital consultants and in A&E departments, as well as hospital cleanliness, are priorities for improvement. Asian and black residents are most likely to think these improvements will be achieved, while older residents tend to be negative about the future of the NHS, and women are more pessimistic than men.

The length of time it takes to get an appointment with a GP is an issue across all PCTs, but more so in Tower Hamlets, Newham, and Barking and Dagenham PCTs. Time spent waiting in A&E departments is mentioned as a priority area of improvement by more residents in Newham, Barking and Dagenham, and Harrow PCTs. Cleanliness is an issue for more of Havering and Enfield residents than in other PCTs.

3. Delivering services closer to home and choice in healthcare

On balance, top of mind responses suggest that London residents want services to be developed together in hospitals, as they are now, rather than having more health services delivered closer to their home, with fewer, but larger hospitals. Those who would prefer services to be developed together in hospitals, as they are now, give more positive ratings generally, suggesting they are less willing to risk changing services they are generally satisfied with. The most resistant groups include: white residents, those who say they have at least a fair amount of healthcare choice and residents in Westminster, Southwark, Lambeth and Hammersmith & Fulham.

Residents seem to be unclear of the healthcare choices available to them. Half of residents say, overall, they have at least a fair amount of healthcare choice, yet when asked about specific aspects of choice they give less positive ratings. The groups that consistently say they do not have enough choice within the NHS tend to be middle aged, affluent and have requested a specific treatment or prescription from their doctor.

4. Information sources

Key sources of healthcare information for London and the West Midlands residents are their GP, the media, and friends and family. In London GPs are a more used source, while in the West Midlands friends and family are used more. In both SHAs residents most trust the information given to them by their GP, followed by information from their friends and family. Only a small minority of residents say they trust the information they receive from the media, although around a third of residents say they receive most of their information about healthcare from national media.

Use and trust of information sources do not vary significantly by PCT, but do vary by other sub-groups. Patients are more likely to use and trust their GP for information about healthcare, than residents who have not used NHS services in the last year. These patients include older residents, while younger residents, who are less likely to be patients, are more likely to use and trust their friends and family as an information source. Similarly, residents who are satisfied with NHS services, think the NHS will get better or feel they have a choice of services are more likely to trust their GP than those who are dissatisfied, think the NHS will get worse or think they have little choice.

Ethnic minority groups, particularly black residents, are more likely to say they use and trust their GP, while white residents say they prefer their friends and family.

5. Implications

Areas for further discussion, arising from the survey include:

- Londoners hold more **polarised views** than nationally, or West Midlands residents. Further exploration of this will help to shape communications to target these extreme opinions, rather than simply targeting the middle ground.
- **Delivering services closer to home.** Perceptions of the status quo seem to be correlated with favourability towards focusing on delivering services closer to home, as opposed to developing them in hospitals as they are now. Further research provides a means of testing the impact of various stimuli on these favourability levels.
- **High levels of A&E usage and lower than average A&E patient satisfaction.** This preference for A&E services should be explored further, along with areas for improvement, in order to improve satisfaction ratings and inform the development of community healthcare.
- **Ease of access** seems to be key for Londoners, with higher than average usage of A&E, NHS Direct and walk-in centres. An area for further exploration to inform the delivery of services closer to home.
- **Perceptions of choice in healthcare.** Londoners who say they have little choice in healthcare are most likely to give negative ratings more generally. Further exploration of the reasoning behind these perceptions will help to shape communications around the choices available.

©Ipsos MORI/J28511

Jonathan Nicholls

Caroline Webb

Rajiv Ablawat

Victoria Labeodan

Alice McGregor

1. Perceptions of the NHS

This chapter discusses overall satisfaction with the NHS, local and national service provision and NHS policy, and perceptions of the future of the NHS. It then examines variations in perceptions by different groups of London residents.

London residents are generally satisfied with the running of the NHS and with their local NHS services. However, they are less positive about the quality of NHS services nationally and the majority do not believe that the government has the right policies for the NHS. The views of London residents are generally in line with those of residents of the West Midlands. Londoners tend to be less positive about the NHS than the national population according to our most recent published research. However lower overall satisfaction in London for some measures masks the fact that London residents are more likely to be **very** satisfied than the national average. In general, opinion about the NHS is more polarized in London, with a larger proportion of residents either very satisfied or very dissatisfied.

The under 25s, black residents and men tend to be most positive about the NHS, as do those who feel they have a choice about their healthcare and those who use NHS services, especially in-patient services. Those aged 35-54 and those who do not feel they have choice about their healthcare are amongst the least positive groups. In general, white residents tend to be less positive about the NHS than other ethnic groups. However, when it comes to the quality of their **local** NHS services, white residents are amongst the most positive.

Overall satisfaction with the NHS

On balance London residents are satisfied with the running of the NHS, with six in ten expressing satisfaction. This figure is in line with the West Midlands, but slightly lower than levels of satisfaction uncovered in our most recent published national research.¹ London residents are also more likely than the national average to express **dissatisfaction** with the NHS.² However, more recent research suggests that national satisfaction levels may have declined, bringing them closer in line with London levels.

Although London residents are more likely than residents nationally to be dissatisfied with the running of the NHS, they are also more likely to say they are **very** satisfied with the way that the NHS is being run.³ This suggests that opinion about the NHS among London residents is more **polarized** than the national picture. There are several possible explanations for this polarization, including the greater ethnic diversity of the London population and varying levels of deprivation across the SHA.

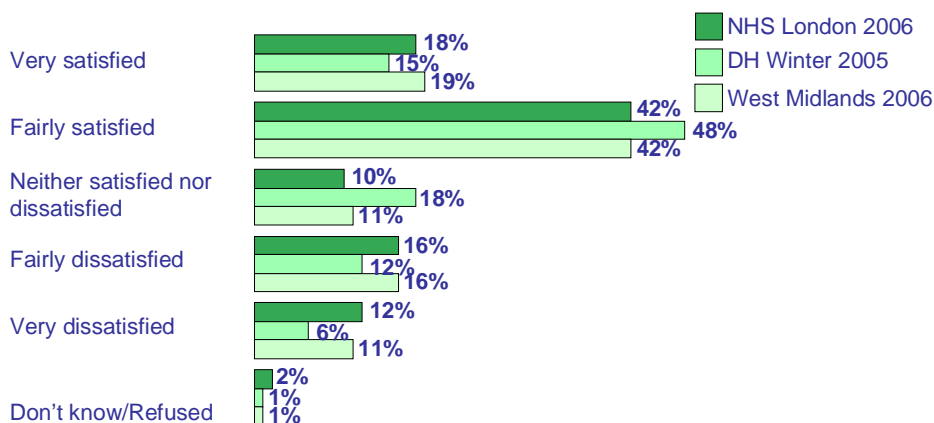
¹ 63% of national population are satisfied with the running of the NHS (DH Winter tracking survey 2005), and 61% in the West Midlands are satisfied (West Midlands Residents' Attitudes to Local Health Services and Patient Choice, 2006).

² 27% of London residents are dissatisfied with the running of the NHS, compared to 18% nationally (DH Winter tracking survey, 2005)

³ 18% of London residents are very satisfied with the running of the NHS, compared to 15% nationally (DH Winter tracking survey, 2005)

Satisfaction with NHS

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



Base: NHS London: 7,036 residents from 31 London PCTs, 22 Sept – 27 Nov 2006.

DH Winter 2005: 1,041 England residents, 12 Nov-13 Dec 2005

West Midlands 2006: 3,535 West Midlands residents, 8 Aug – 8 Sept, 2006.

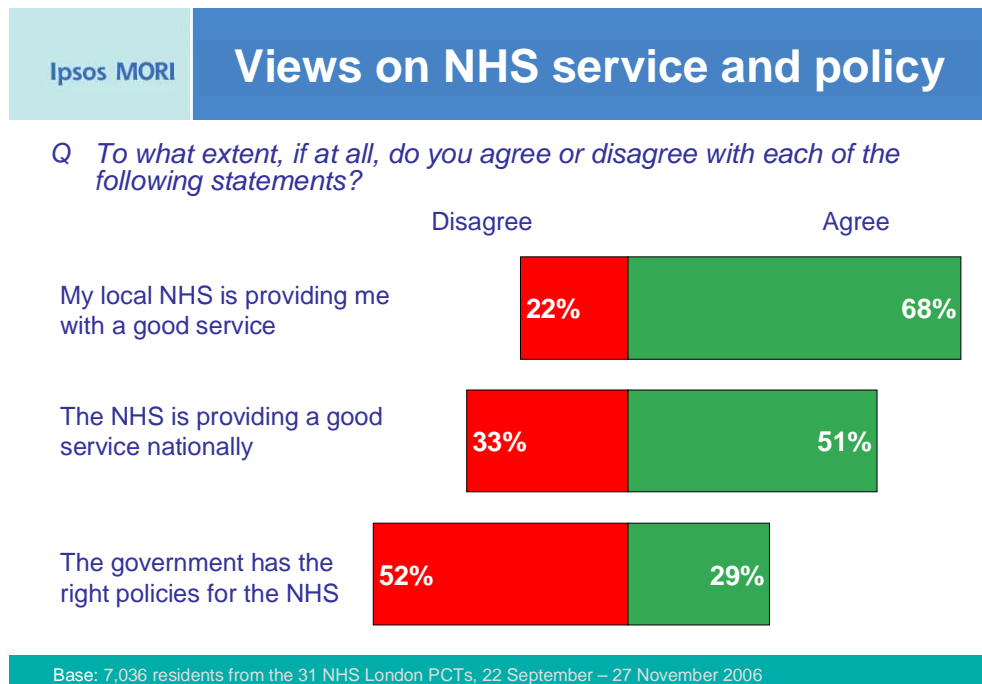
Local and national service provision and NHS policy

London residents are more positive about local than national NHS services: nearly seven in ten (68%) agree that their local NHS is providing them with a good service, compared to only half (51%) who believe that the NHS is providing a good service nationally. This difference between local and national evaluations is replicated across much of our work on public services and local government. The ‘perceptions gap’ between the local and national level arises because positive experiences of local services do not directly translate into more positive global assessments of services. Rather, the relationship between personal experience and overall evaluations is mediated by several factors, in particular negative media representations of services.

London residents’ views about local and national services are similar to those in the West Midlands. According to our most recent published research, relative to the national population fewer London residents believe that the NHS is providing a good service. However, again this difference may not be significant, since more recent research suggests a downward trend in satisfaction with services across the country. London residents are also more likely than the national population to agree **strongly** that the national NHS and their local NHS provide a good service.⁴ When it comes to local services London residents are also more likely than those nationally to **disagree** that they are receiving a good service. Again this suggests that opinion about the NHS among London residents is particularly polarized.

⁴ 14% of Londoners strongly agree that the NHS is providing a good service nationally, compared to 7% of the national population (DH Winter tracking survey, 2005). 27% of Londoners strongly agree that their local NHS is providing them with a good service, compared to 18% nationally.

Our findings suggest that many London residents think that the NHS is providing a good service **in spite of** government policy: only three in ten (29%) believe that the government has the right policies for the NHS. However, London residents are actually slightly more supportive of government health policy than the national average.⁵ In particular, London residents are more likely to **strongly** agree with government policies for the NHS. However, they are also more likely than the national population to **strongly disagree** that the government is getting it right with its policies for the NHS.⁶ Again this indicates a particularly broad spectrum and polarisation of opinion among London residents.



Will health services improve or get worse?

Opinion on the future of the NHS is fairly evenly divided between the views that services will improve (31%), will stay the same (33%) and will get worse (33%). However, London residents are more likely than those in the West Midlands and across England to expect things to get better.⁷

⁵ 26% of the national population agree that the government has the right policies for the NHS (DH Winter tracking survey, 2005).

⁶ 8% of London residents strongly agree that the government has the right policies for the NHS, compared to 2% nationally (DH Winter tracking survey, 2005). 29% of Londoners strongly disagree that the government has the right policies for the NHS, compared to 13% nationally (DH Winter tracking survey, 2005).

⁷ 31% of London residents expect health services in their area to improve over the next few years, compared to 27% in the West Midlands (West Midlands Residents' Attitudes to Local Health Services and Patient Choice, 2006) and 28% across England (DH Winter tracking survey, 2005).

Who are the most positive and negative residents?

16-24 year olds are consistently the most positive age group and 35-54 year olds are most negative. Attitudes among the over 55s show a more complex pattern, with more positive views on some measures and relatively negative attitudes on others. This may partly be due to the fact that over 55s tend to be the heaviest users of health services. Men are more positive than women, and black residents are consistently the most positive and optimistic ethnic group. White residents tend to be the most negative about the NHS, with the exception of attitudes towards their local services. Those who believe they have choice about their healthcare have much more positive views about the NHS. Service users also tend to be more positive, especially those who have used in-patient services.

Perceptions of choice and users vs. non-users of NHS services

Nationally, recent users of NHS services are more likely than non-users to express satisfaction with the way health services are being run.⁸ This finding is replicated in London.⁹ NHS users are also more optimistic about the future of services and more positive about their local services.¹⁰ However, on balance they are no more positive about the quality of NHS services nationally and government policy on the NHS.¹¹ As discussed previously, media coverage is a powerful mediating factor between experiences of the NHS and overall evaluations of services and policy; this may explain why users are more positive about local services, but not about national services and policy.

As well as attitudinal differences between service users and non-users, there are significant variations in views between users of **different** NHS services. In-patients are slightly more positive than users of accident and emergency across all measures. For example, 69% of in-patients think their local NHS is providing them with a good service, compared to 66% of those who have used A&E. Those who have used in-patient services are also more optimistic about health services in their local area, as are those who have used walk-in centres.¹² The latter finding suggests that easy access to services has the potential to generate more positive views about the future of NHS services. However, the fact that relatively more positive attitudes are found among in-patients may present a challenge in terms of maintaining and increasing satisfaction with services whilst moving towards more community based and in-home care.

⁸ 63% of recent patients across England are satisfied with the running of the NHS, compared to 59% of those who have not used NHS services in the past year (DH Winter tracker 2005).

⁹ 60% of those who have used any NHS service over the past year or so are satisfied with the running of the NHS, compared to 52% of those who have not used any health services recently.

¹⁰ 31% of NHS users expect services to improve, compared to 25% of those who have not used any health services in the past year or so. 68% of NHS users agree that their local NHS provides them with a good service, compared to 59% of those who have not used any health services recently.

¹¹ 51% of those who have used any NHS service in the past year or so think that the NHS is providing a good service nationally and 29% think that the government has the right policies for the NHS. These are the same proportions as among all London residents.

¹² 35% of those who have used in-patient services and 36% of those who have used walk-in centres expect health services in their area to improve over the next few years, compared to 31% of all residents.

Residents with a disability, who are more likely to be service users, also tend to be more satisfied with the running of the NHS. However, they are also more likely to be **very dissatisfied** with the NHS and are also amongst the most negative when it comes to government policy and expectations about health services in the next few years.¹³ This suggests that there is much work to be done to reassure those with disabilities, who may be amongst the most affected by moves towards more community-based medicine, about the future direction of the NHS.

Those who feel that they have at least a fair amount of choice about their healthcare tend to be more optimistic and much more positive about NHS services both nationally and locally.¹⁴ This may be because having a greater sense of control over personal healthcare tends to create more positive attitudes, or it may be that those who feel they have more choice tend to be more informed about the NHS. Across all our research we generally find that those who are more informed about a particular policy or service tend to express more positive views.

Analysis by PCT, age, gender and ethnicity

PCT analysis

At the individual PCT level, residents of Southwark, Kingston upon Thames and Lambeth are, on balance, the most positive about their local NHS services. The net proportions of residents agreeing that their local NHS provides them with a good service are +63, +62 and +59 respectively, compared to +46 across London. In contrast, residents of Newham, Havering and Barking and Dagenham tend to be more negative¹⁵.

In order to compare views across PCTs, as well as measuring raw differences in attitudes towards local services, it is useful to consider the relative size of the 'perceptions gap' between local and national services. Residents in all PCTs are more positive about their local services than about the NHS nationally. However, there is wide variation across PCTs in the extent of difference between perceptions of local and national services. Local services in Kingston are particularly well regarded relative to national services, whereas in Barking there

¹³ 20% of those with a disability are very satisfied with the running of the NHS, compared to 17% of those without a disability. However, 15% of those with a disability are very **dissatisfied**, compared to 11% of those without a disability. 33% of those with a disability strongly disagree that the government has the right policies for the NHS, compared to 27% of those without a disability. 38% of those with a disability expect services in their area to get worse, compared to 31% of those without a disability.

¹⁴ 62% of those who feel they have at least a fair amount of choice agree that the NHS is providing a good service nationally, compared to 39% of those who feel they have little or no choice. 80% of those who say they have at least a fair amount of choice feel that their local NHS is providing them with a good service, compared to 54% of those who say they have little or no choice. 39% of those who say they have at least a fair amount of choice expect health services in their area to improve, compared to 23% of those who feel they have little or no choice.

¹⁵ The net proportion agreeing that their local NHS provides them with a good service is only +27 in Newham and +29 in Havering and Barking and Dagenham.

is relatively little difference between attitudes towards local and national services.¹⁶ Residents of Kingston are amongst the most positive about their local health services, **despite** their relatively negative views about national services. In contrast, residents of Barking are relatively negative about their local health services, **despite** being no less likely than residents of other areas to feel that the national NHS is providing a good service.

The most optimistic views about health services tend to be found in City and Hackney (41% expect services in their area to improve), Haringey (40% expect improvements), Havering, Southwark and Tower Hamlets (39% anticipate improvements). More pessimistic attitudes are evident in Bexley and Richmond, with less than a quarter (22% and 23% respectively) expecting services in their area to get better.¹⁷ Although there is a positive relationship between satisfaction with services and optimism at the individual level, the most optimistic views are not necessarily found in the PCTs where local services are currently most highly regarded. For example, 60% of residents in Havering think that their local NHS currently provides a good service, but they are more optimistic than residents of Bexley, where 69% feel they are receiving a good local service. Given the large differences in levels of optimism between ethnic groups, discussed below, PCT differences may be influenced significantly by the ethnic profile of the area.

Analysis by age group

The under 25s are consistently the most positive about the NHS, with the over 55s more positive than the general population on some measures, but less satisfied on others.

The oldest and youngest residents are most satisfied with the overall running of the NHS.¹⁸ However, the relationship between age and satisfaction with the NHS is complex. The over 55s are much more likely than other age groups to be **very** satisfied. However, they are also more likely to be **very dissatisfied** with the NHS.¹⁹ The greater tendency for older residents to express more extreme views may be partly because they tend to be more frequent users of NHS services and thus have direct experiences upon which to base their views (for further discussion of satisfaction with particular services see chapter two).²⁰ The under 25s and over 55s are also more positive about their local NHS services than those aged 25-54 years.²¹

¹⁶ The difference between the net proportion of residents agreeing that their local NHS provides a good service and the net proportion agreeing that the national NHS provides a good service is +58 in Kingston and only +7 in Barking.

¹⁷ It should be noted that in Richmond this is largely due to the large proportion who believe that services will stay the same (44%, compared to 33% across London)

¹⁸ 65% of those aged 16-24 and 55+ are satisfied with the running of the NHS, compared to 55% of 25-34 year olds and 57% of 35-54 year olds.

¹⁹ 29% of the over 55s are very satisfied with the running of the NHS, compared to 18% across all age groups. 14% of the over 55s are very dissatisfied with the running of the NHS, compared to 12% of the general population.

²⁰ Those without direct experience of services tend to be less likely to feel **either** very satisfied or very dissatisfied than service users. For example, 13% of those who have not used any health service in the last year or so are very satisfied, compared to 19% of those who have used any NHS service.

²¹ 72% of 16-24 year olds and 73% of those aged 55+ agree that their local NHS is providing them with a good service, compared to 62% of 25-34 year olds and 65% of 35-54 year olds.

Attitudes towards government policy for the NHS show a different age pattern from general satisfaction with the running of the NHS and satisfaction with local services. Those aged 16-24 years are again more positive than other age groups,²² but the over 55s (together with those aged 35-54) are more sceptical than the general population when it comes to government policy. The under 25s are also more positive than the over 35s about the standard of NHS care nationally, while the over 55s are slightly less negative than those aged 35-54.²³

The under 25s are by far the most optimistic about the future of health services in their area: the net figures for those believing services will get better is +28, compared to -13 among 35-54 year olds and -10 among the over 55s.

Analysis by gender

Men are more satisfied with the running of the NHS (net satisfaction is +35 among men compared to +30 among women) as well as more supportive of government policy²⁴. On balance, men are also more positive about the standard of NHS services, both nationally and locally, and less pessimistic about the future of local health services.²⁵

Analysis by ethnicity

Differences in levels of satisfaction with the running of the NHS between ethnic groups are weaker than those between different age groups. However, net satisfaction is slightly higher among black residents than other ethnic groups.²⁶

Ethnic differences are larger when it comes to attitudes towards government policy, with white and mixed groups significantly more negative about NHS policy than either black or Asian groups. Only a quarter (26%) of white residents believe that the government has the right policies for the NHS, compared to two in five Asian and black residents (40% and 39% respectively).

Black and Asian residents are again the most positive about the quality of national NHS services and all ethnic minority groups are more optimistic than white residents about the future of health services. Black residents are particularly optimistic, with over half (52%) expecting health services in their area to improve over the next few years, compared to a only a quarter (25%) of the white population.

²² 40% of 16-24 year olds agree that the government has the right policies for the NHS, compared to 29% of the general population.

²³ Net agree figures with view that NHS is providing a good service nationally are: 16-24 years +36, 25-34 years +16, 35-54 years +9 and 55 years and above +17

²⁴ 32% of men agree that the government has the right policies for the NHS, compared to 26% of women.

²⁵ The net proportion of men agreeing that the NHS is providing a good service nationally is +23, compared to +12 among women. With respect to local services the net figures for men and women are +47 and +44 respectively. 35% of women believe that health services in their area will get worse over the next few years, compared to 31% of men.

²⁶ Net satisfaction among black residents is +38, compared to +31 among Asian and mixed ethnicity residents and +32 among the white population.

However, when it comes to evaluating local services, the views of white residents are similar to black residents and significantly more positive than the Asian population. This suggests that the 'perceptions gap' - the difference between evaluations of local services and assessments of the overall quality of services - is bigger for white residents. One possible explanation for this is that white residents are influenced more strongly by negative media coverage of the NHS at a national level. Indeed, 27% of white residents say that the national press is among the two or three sources from which they get most of their information about healthcare, compared to 19% of the ethnic minority population.

2. Priorities for improvement and perceptions of health services

This chapter analyses London residents' priorities for improvement in healthcare and discusses satisfaction levels for specific services. It begins by identifying residents' priorities and exploring whether different groups have different priorities for improvement. It then identifies services that may need attention, as they are more of a priority for improvement in London than they are nationally. Finally, it explores satisfaction with specific health services. Within these final sections the proportion of patients using each service is assessed, along with satisfaction with each service, among the general public as well as among recent users of health services.

Usage of health services is higher in London than the national average – this is especially the case for Accident and Emergency (A&E) patients. However satisfaction ratings tend to be lower in London than nationally, or in the West Midlands. Those most likely to say they have used A&E services in the last year include full-time workers, parents, and 16-24 year olds.

As we find nationally, improvements in waiting times and hospital cleanliness are the top priorities for London residents, followed closely by waiting times in A&E departments.

Residents who feel they have little service choice, are generally dissatisfied with the NHS or pessimistic about the future of the NHS tend to be dissatisfied with NHS services. Across London, women, older residents and ethnic minority groups (especially those of Asian descent) are most likely to mention these services are priorities for improvement. Asian and black residents are most likely to think these improvements will be achieved, while older residents tend to be negative about the future of the NHS, and women are more pessimistic than men.

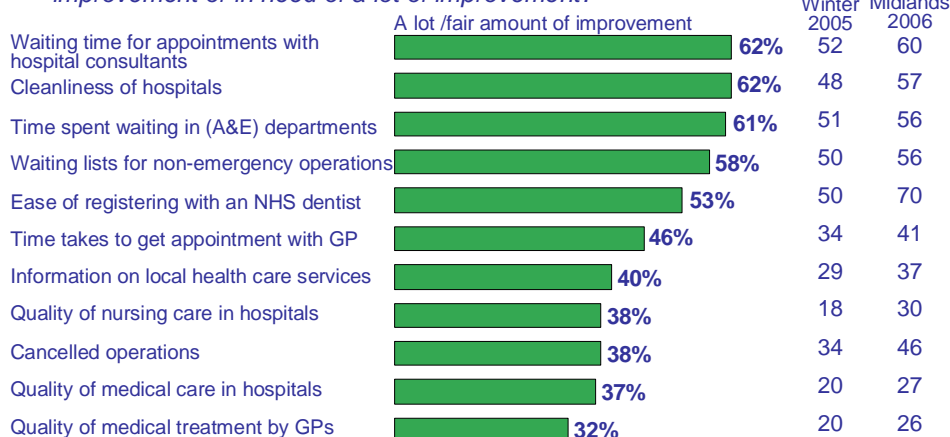
Priorities for improvement

The chart below shows the proportions of people who say a lot or at least a fair amount of improvement is needed in each of the health services listed. The various aspects are ordered by how residents prioritise areas of improvement: more of London residents see aspects at the top of the chart as requiring the improvement, while lesser proportions view those at the bottom as requiring improvement.

The chart also includes comparative data from the most recent Department of Health national survey and a similar survey conducted with NHS West Midlands residents.

Priorities for improvement

Q Do you think the NHS in your own local community is: in need of no improvement, in need of a little improvement, in need of a fair amount of improvement or in need of a lot of improvement?



Base: NHS London: 7,036 residents from 31 London PCTs, 22 Sept – 27 Nov 2006.
 DH Winter 2005: 1,041 England residents, 12 Nov- 13 Dec 2005
 West Midlands 2006: 3,535 West Midlands residents, 8 Aug – 8 Sept, 2006

In line with England as a whole, **the main priorities** for improvement in London are **waiting times** and **cleanliness of hospitals**. Residents think waiting times for appointments with hospital consultants and time waiting in A&E are particularly in need of improvement, followed by ease of registering with an NHS dentist and the length of time it takes to get a GP appointment. In more recent national research, the ease of registering with an NHS dentist is becoming more of a priority nationally and is a key priority in the West Midlands.

Looking across all of the various healthcare aspects, residents who say they have at least a fair amount of choice are more positive on every aspect than are those who say they have little or no choice. The youngest and oldest residents (16-24 year olds and those aged over 55) tend to be less likely to say services need improvement. Those aged 35-54 tend to be most negative. Women are also more likely than men to say services need to improve.

White residents are least likely to say almost any aspect of care needs improvement. Notable exceptions are the ease of registering with an NHS dentist²⁷ and hospital cleanliness²⁸. Those from the ethnic minority communities, especially Asian residents, are often most likely to say that health services need improvement.

²⁷ An overall net satisfaction figure of -24, compared with -9 within the Asian population and -28 among white residents.

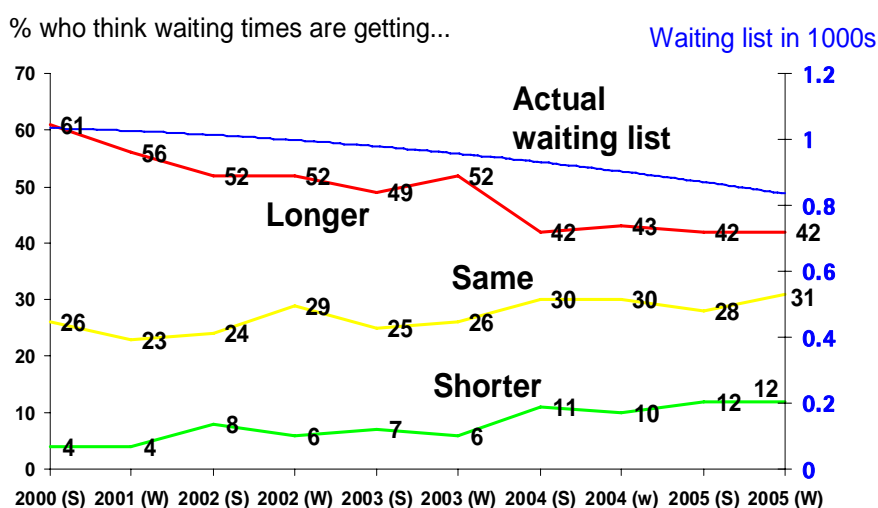
²⁸ An overall net satisfaction figure of -30, compared with -7 within the Asian population and -33 among white residents.

Waiting times – a key priority for improvement

Waiting times are a key priority for improvement amongst London residents. Long waiting times are also consistently cited in our national surveys as one of the biggest problems facing the NHS, ranking among the top five.

Nationally, public perceptions of waiting times do not mirror the decline we see in actual numbers waiting. Although the waiting list is reducing, 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.

Perception of waiting list compared with actual numbers waiting



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

Source: Ipsos MORI, DH Statistics

Who says waiting times are a priority?

Waiting times for healthcare services viz. for getting appointments with hospital consultants, in A&E departments, and for non-emergency operations in hospitals are a higher priority for residents in Harrow, Newham, Havering and Barking and Dagenham PCTs and a lower priority in Kensington and Chelsea and Kingston upon Thames.

Looking at Table 2.1, as one might expect waiting times are a particular issue for those dissatisfied with the NHS, who are pessimistic about the future of the NHS, say they have little choice of services, A&E patients and private healthcare patients, compared with London residents overall.

Table 2.1

Q Do you think the NHS in your own local community is: in need of no improvement, in need of a little improvement, in need of a fair amount of improvement or in need of a lot of improvement? -

Residents who say a lot or a fair amount of improvement

	<i>Base</i>	Waiting time for appointments with hospital consultants	Time spent waiting in (A&E departments)
		%	%
London residents overall	<i>7,036</i>	62	60
Residents dissatisfied with the NHS	<i>1,978</i>	79	72
Residents who think health services will get worse in the next few years	<i>2,377</i>	72	68
Residents who say they have not very much/no overall choice in healthcare	<i>3,128</i>	73	67
A&E patient in the last year	<i>3,168</i>	66	66
Private healthcare patient in the past year or so	<i>1,005</i>	71	65

Source: Ipsos MORI

Across London, women, 35-54 year olds and ethnic minority groups are most likely to think waiting times and cleanliness need a fair amount or a lot of improvement. Women are more likely than men to say waiting times for appointments with hospital consultants need to be improved (64% vs. 60%), and so are residents from the ethnic minority communities (68% compared with 62% overall), especially those of Asian descent (73%). Older residents (aged 35-54 years) are also more likely to mention that these two services need improvement²⁹.

²⁹ 68% of 35-54 years old say cleanliness needs improvement (as opposed to 62% overall), and 65% mention the need for improvement in waiting times for appointments with hospital consultants (as compared with 62% overall).

Cleanliness of hospitals – another important area of concern

Another issue consistently in the top five problems facing the NHS is poor standards of cleanliness and this is particularly the case in London. While West Midlands residents are more concerned about the ease of registering with an NHS dentist, in London cleanliness is a top priority, with 62% of residents mentioning the need for improvement in hospital cleanliness. In continuing to address this issue NHS London may wish to focus on clean wards and toilets as this emerges as one of the key drivers of positive perceptions of Acute Trusts, second only to being treated with respect and dignity, in our *Frontiers of Performance in the NHS*³⁰ analysis.

Who says cleanliness of hospitals is a priority?

Similar groups as those who say waiting times need improvement also mention need for improvement in hospital cleanliness. Residents in Havering, Barking and Dagenham, and Enfield are more likely than those in other PCTs and London residents overall to cite hospital cleanliness as a priority.³¹

Again, it is those who are most negative about healthcare, or who say they have little choice of services who highlight hospital cleanliness as an issue.

Table 2.2

Q Do you think the NHS in your own local community is: in need of no improvement, in need of a little improvement, in need of a fair amount of improvement or in need of a lot of improvement? - Residents who say a lot or a fair amount of improvement

	Cleanliness of hospitals	
	Base	%
London residents overall	7,036	62
Residents dissatisfied with the NHS	1,978	76
Residents who think health services will get worse in the next few years	2,377	74
Residents who say they have not very much/no overall choice in healthcare	3,128	69
Private healthcare patient in the past year or so	1,005	67

Source: Ipsos MORI

³⁰ Taylor, J., Page, B., Duffy, B., Burnett, J. and Zelin, A. (2004), *Frontiers of Performance in the NHS*, June 2004

³¹ In Havering the net score for those who want improvement is -58; in Enfield -52; and in Barking and Dagenham -51, compared to -30 for London overall; -4 in Westminster; and -5 in Kensington and Chelsea.

Women³², older residents³³ and ethnic minority communities³⁴ are most likely to say hospital cleanliness needs improvement.

Other aspects of services that may need attention

Quality of care seems to be more of an issue in London than nationally or in the West Midlands. Although this is not a key issue for Londoners it may be an area for attention.

Only a fifth of the residents across England and about a quarter (26%) in the West Midlands mentioned a need for improvement in the quality of medical treatment by GPs, this proportion is almost a third (32%) in London. Similarly, more than a third (37%) of residents in London mention need for improvement in the quality of medical care in hospitals, a larger proportion than the one in five (20%) in England and just over one in four (27%) in the West Midlands. Further, twice as many London residents say the quality of nursing care in hospitals needs improvement (38%) compared with the national average (18%).

Access to NHS dentists is also an area for attention. Over half of London residents (54%) say ease of registering with an NHS dentist needs improvement, a smaller proportion than West Midlands residents (70%) but in line with the national average (50%).

Who says these other aspects need attention?

In terms of PCTs, improvement of all the above services, are of particular priority in Newham, Harrow, and Brent PCTs compared with other PCTs and London overall³⁵.

Residents aged 35-54 and full-time workers are more likely than average to say the ease of registering with an NHS dentist needs improvement. (60% and 54% respectively, compared with 54% of residents overall). Similarly, white residents are also more likely than those from ethnic minority groups to say ease of registering with an NHS dentist is in need of improvement (55% vs. 49%).

Women are more likely than men to say the quality of medical care in hospitals needs a fair amount/lot of improvement, (41% vs. 31%), as are ethnic minority communities compared with white residents (45% vs. 33%).

³² Almost half (48%) of women say a lot of improvement is needed with regards to hospital cleanliness compared with 36% of men.

³³ Those aged 55 years and over are more likely to say hospital cleanliness needs to be improved (46% compared with only 29% of those 16-24 years old, and 42% overall).

³⁴ Residents from ethnic minority communities are also more likely to say cleanliness in hospitals needs improving than white residents (68% vs. 58%, respectively).

³⁵ Net figures for those saying little/no improvement needed in quality of medical care in hospitals: Newham - 9, Harrow -1, Brent +8, compared to +19 in London.

Usage and satisfaction with health services

Usage of health services is higher in London than nationally; and satisfaction ratings tend to be lower in London than nationally, or in the West Midlands.

Usage and satisfaction with traditional health services

In the following chart we have classified traditional health services as visiting a GP or an A&E department, or being an NHS hospital patient (both as an inpatient or an outpatient).

The most frequently used health service is the GP: more than eight in ten (83%) residents have visited one in the last year. Usage of all the traditional NHS health services in London is higher than across England as a whole, particularly for out-patient and A&E visits.

Those aged 55 and over are the heaviest users of GPs (86% compared to 83% overall) and NHS hospitals, both as outpatients (65%, compared with 56% overall) and as inpatients (27%, compared with 23% overall).

As in the West Midlands, London has a **higher than average proportion of A&E patients**. This may in part be due to the perception that visiting A&E is quicker and more convenient than seeing a GP: almost one in two residents (46%) say the length of time it takes to get a GP appointment needs improvement.

Residents who work full time are more likely to use A&E services than those not working full time (47% vs. 44%), possibly due to access issues. Usage of A&E services is highest amongst parents³⁶ and younger residents³⁷.

In the light of future developments in delivering health services closer to home, preference for A&E versus other health services should be explored in the deliberative research.

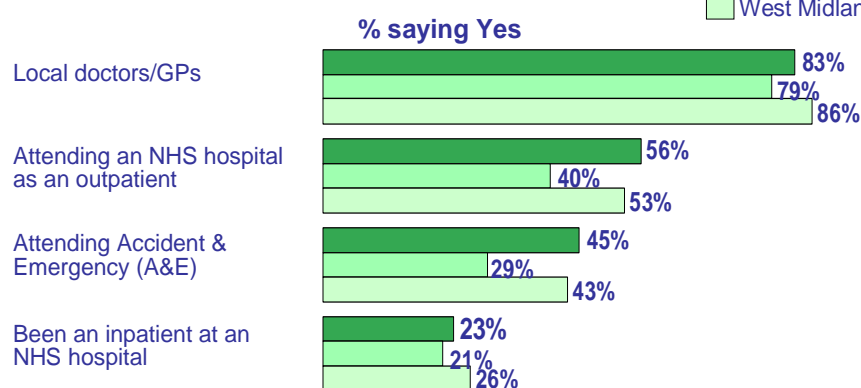
³⁶ 56% of parents have used A&E in the last year, compared with 40% of residents without children.

³⁷ 54% of 16-24 year olds have been A&E patients compared with 34% of 55+ year olds.

Usage of traditional health services

Q Which of the following services, if any, have you personally used in the last year or so?

■ NHS London 2006
■ DH Winter 2005
■ West Midlands 2006



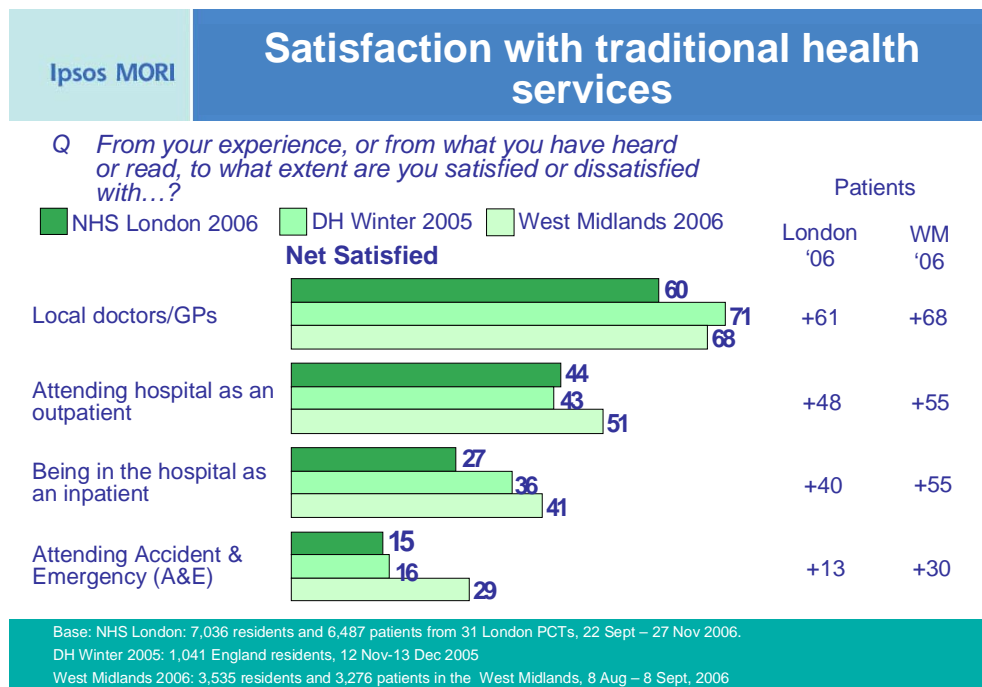
Base: NHS London: 7,036 residents from 31 London PCTs, 22 Sept – 27 Nov 2006.

DH Winter 2005: 1,041 England residents, 12 Nov- 13 Dec 2005

West Midlands 2006: 3,535 West Midlands residents, 8 Aug – 8 Sept, 2006

The bars on the chart below show net satisfaction with traditional health services amongst all residents who took part in surveys in London, the West Midlands and nationally. Satisfaction ratings for traditional health services are lower in London than both nationally and in the West Midlands.

The chart also includes two columns with the net satisfaction scores for patients in London and the West Midlands. We usually find that patients are more satisfied with services than the public as a whole, and this is generally the case in London. However, A&E patients in London are no more satisfied with the service than the public as whole and satisfaction among patients is far lower than it is in the West Midlands.



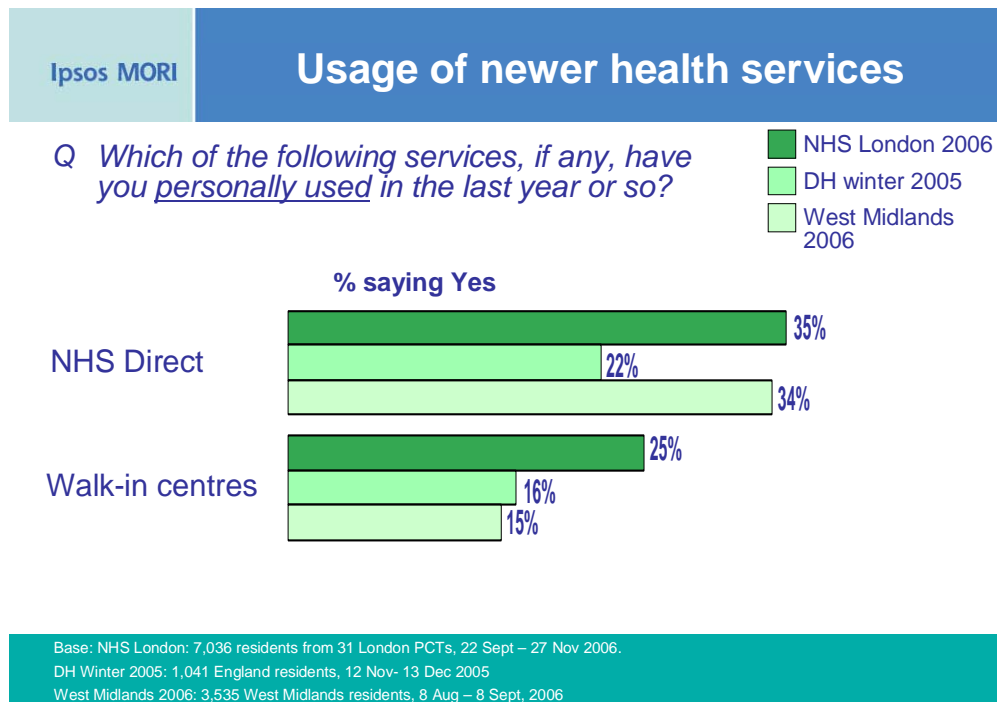
Residents in Harrow, Havering, and Brent PCTs are least likely to be satisfied with A&E services (-7, -6, and -4 net satisfied respectively), compared with Bromley, Southwark, and Richmond upon Thames (+30, +27, and +26 net satisfied respectively) and London overall (+15).

Usage of newer health services

The usage of newer health services – NHS Direct and walk-in centres – is higher among London residents than it is nationally or in the West Midlands.

Across London, women are much more likely than men to use NHS Direct and walk-in centres³⁸. Those working full time are also more likely to use these services, which could be due to their comparative lack of time to visit a GP or a hospital.

NHS Direct tends to be used more in Hillingdon (43%), Islington (42%), and Harrow (42%) PCTs, and less in Westminster (25%) and Croydon (26%) compared with London overall (35%).

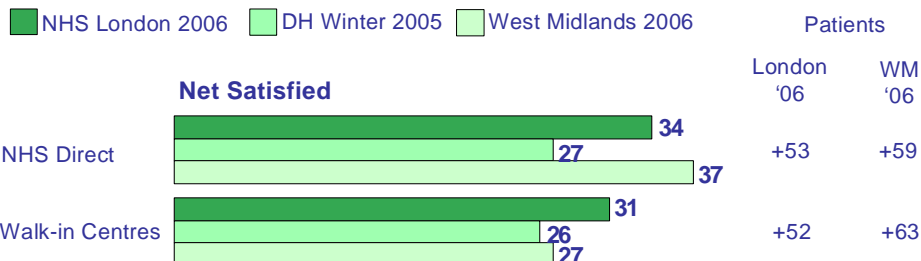


In terms of satisfaction with these newer services, ratings are higher in London than nationally, but lower than those in the West Midlands. Again patients are more satisfied than the public overall, but ratings among patients tend to be lower than they are in the West Midlands. This is particularly the case for walk-in centres and may be due to the higher levels of usage in London.

³⁸ NHS Direct usage is 40% among women compared with 29% among men in London. Walk-in centres are also used by 27% women as opposed to 23% men.

Satisfaction with newer health services

Q From your experience, or from what you have heard or read, to what extent are you satisfied or dissatisfied with...?



Base: NHS London: 7,036 residents from 31 London PCTs, 22 Sept – 27 Nov 2006.

DH Winter 2005: 1,041 England residents, 12 Nov– 13 Dec 2005

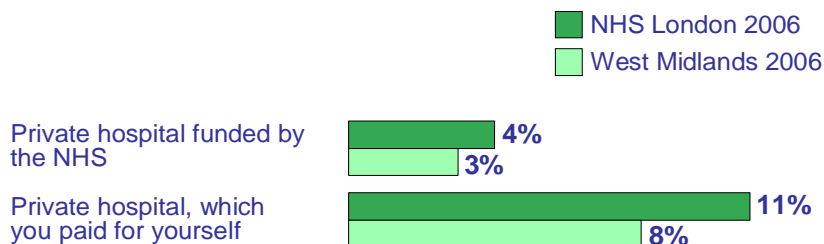
West Midlands 2006: 3,535 West Midlands residents, 8 Aug – 8 Sept, 2006

Usage of private hospitals

Relatively few people have been a patient at a private hospital, whether paid for by themselves (11%) or funded by the NHS (4%), although proportions are slightly higher than those for the West Midlands (8% and 3% respectively).

Usage of private hospitals

Q Which of the following services, if any, have you personally used in the last year or so?



Base: NHS London: 7,036 residents from 31 London PCTs, fieldwork 22 Sept – 27 Nov 2006.

West Midlands 2006: 3,535 West Midlands residents, fieldwork 8 Aug – 8 Sept, 2006

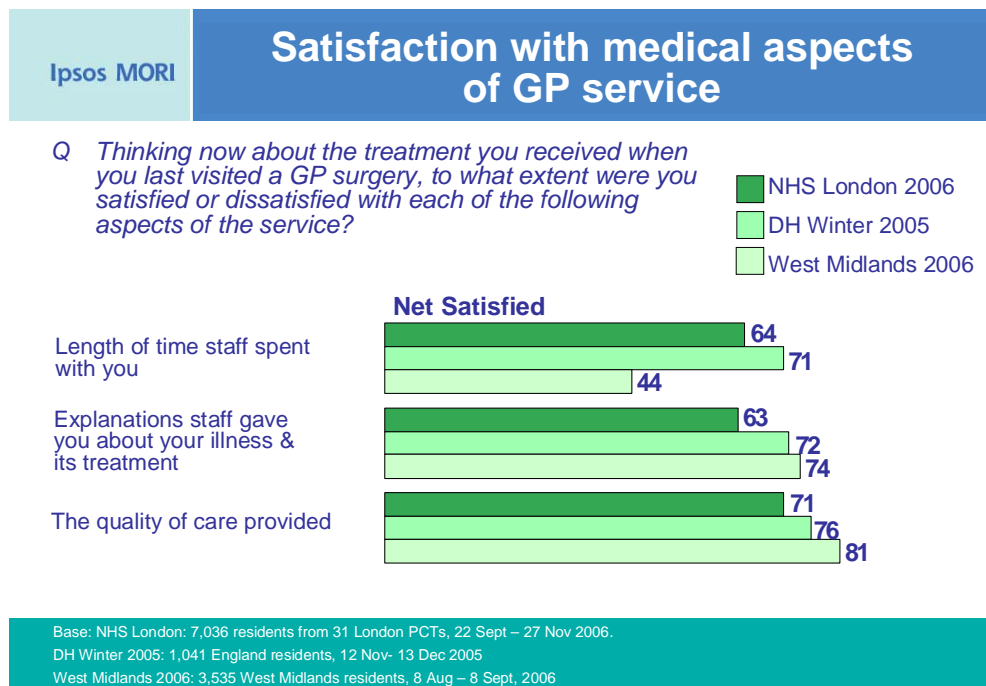
We might expect this proportion to begin to increase with choice, particularly for private health services funding by the NHS. As more people begin to use private hospitals, we can start to compare satisfaction with private hospitals with satisfaction with NHS hospitals.

Satisfaction with specific aspects of GP services

Reflecting lower levels of satisfaction with local doctors/GPs, satisfaction with the quality of care provided by GPs is lower in London than in the West Midlands, and this is reflected in lower ratings for specific aspects of GP services.

Satisfaction with medical aspects of GP services

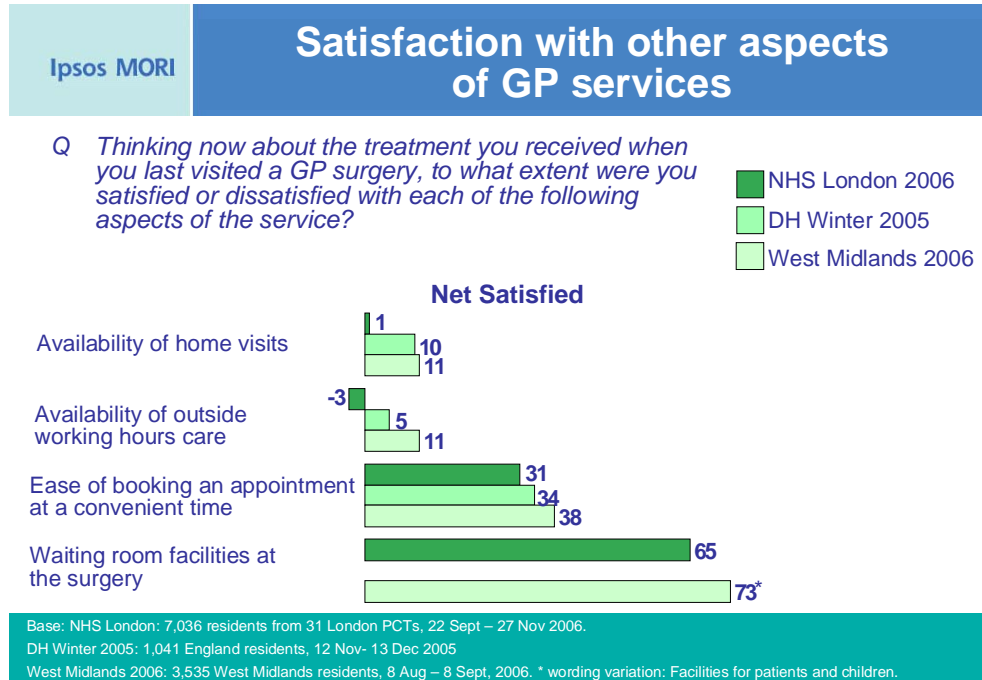
Ratings for medical aspects of GP services are generally lower in London than nationally or in the West Midlands, except length of time staff spent with the patients where net satisfaction is lowest in the West Midlands. Those aged over 55 years report greater satisfaction with the medical aspects of GP services.



Satisfaction with other aspects of GP services

Residents were also asked about their satisfaction with other general aspects of GP services such as the availability of home visits, 'outside working hours' care, and waiting room facilities at the GP surgery.

As with medical aspects, satisfaction with these services is lower in London than across England as a whole and in the West Midlands.



Over two in five (49%) residents give no opinion about the availability of home visits and over a third (36%) give no opinion on the availability of ‘outside working hours’ care. This low level of awareness is probably due to residents in general not tending to use these services.

Across London, residents aged 55+ tend to be most satisfied with the availability of home visits (+14 vs. +1 overall) – there are no particularly negative groups of residents and no significant variation across PCTs. Ratings of the availability of ‘outside working hours’ care are low among full-time workers (38% saying they are dissatisfied with this aspect), compared with non full time workers (25% dissatisfied).

Those who do not work full-time and white residents are more likely to be satisfied with the ease of getting a convenient appointment with their GP, than full-time workers and ethnic minority groups.³⁹

Younger residents and those of an ethnic minority background are more likely to be dissatisfied with waiting room facilities at the surgery⁴⁰.

³⁹ Satisfaction ratings for the ease of getting an appointment at a convenient time are as follows: +17 for full-time workers vs. +42 for those who do not work full time, +34 for white residents and +23 for ethnic minority groups.

3. Delivering services closer to home and choice in healthcare

This chapter discusses the future options for delivering healthcare in London and perceptions of choice in the NHS. Perceptions of overall choice in healthcare and specific aspects are discussed and groups which have different opinions are highlighted.

On balance, top of mind responses suggest London residents want services to be developed together in hospitals, as they are now, rather than having more health services delivered closer to their home, with fewer, but larger hospitals. Those who would prefer services to be developed together in hospitals, as they are now, give more positive ratings generally, suggesting they are less willing to risk changing services they are generally satisfied with. The most resistant groups include: white residents, those who say they have at least a fair amount of healthcare choice and residents in Westminster, Southwark, Lambeth and Hammersmith & Fulham.

Residents seem to be unclear of the healthcare choices available to them. Half of residents say, overall, they have at least a fair amount of healthcare choice, yet when asked about specific aspects of choice they give less positive ratings. The groups who consistently say they do not have enough choice within the NHS, tend to be middle aged, affluent and have requested a specific treatment or prescription from their doctor.

Do residents want services to move closer to home in the future?

One of the key areas for discussion in the NHS currently is how services should be developed to become more patient-centred, with the view of moving more services into the community. To gauge Londoners' views on this, residents were asked how the NHS in London should invest its funds. Top of mind responses show an overall preference to retain the way NHS services are currently delivered in London. Three in five residents (58%) would like to see services developed together in hospitals as they are now, although a third are willing to see services developed closer to home. These uninformed responses need to be explored in more depth in deliberative research through various stimulus materials.

⁴⁰ 18% of 16-24 years old said they were dissatisfied with waiting room facilities compared with 8% of those over 55 years. 16% of ethnic minority residents are dissatisfied with waiting room facilities, compared with 13% of white residents.

Future investment in health services

Q In London, if you had to choose where the NHS should invest its money, would you like...?

Services developed together in hospitals, as they are now



More health services delivered closer to your home and fewer, but larger hospitals



Base: 7,036 residents from the 31 NHS London PCTs, 22 September – 27 November 2006

Generally, there is a preference amongst all subgroups of residents to retain current services in their present form. Preference for developing services together in hospitals as they are now is highest in Enfield (67%) and Camden (64%). There is greater support for delivering community based services in Newham, Barking and Dagenham and Havering⁴¹. A full list of the findings by PCT is in table 3.1 below. The table is ordered highest to lowest in favour of delivering services closer to home.

There seems to be a correlation between residents' levels of satisfaction with their PCTs and their level of favourability towards delivering services closer to home. Those who are negative about the status quo are in favour of change while those who are positive are less favourable – an issue that will need to be further unpacked during deliberative research.

⁴¹ Support for more health services to be delivered closer to home option is highest in Barking and Dagenham (49%), Newham (47%) and Havering (47%) compared with 36% overall.

Table 3.1

In London, if you had to choose where the NHS should invest its money, would you like.....

<i>Base: All respondents in each PCT c200</i>	More health services delivered closer to your home and fewer, but larger hospitals	Services developed together in hospitals, as they are now
	<i>%</i>	<i>%</i>
Barking & Dagenham	49	49
Havering	47	47
Newham	47	48
Tower Hamlets	43	51
Greenwich	41	53
Islington	41	55
Haringey	40	56
Redbridge	40	55
Harrow	38	56
Barnet	37	57
Hillingdon	37	59
Waltham Forest	36	61
Wandsworth	36	60
Brent	35	58
Bromley	35	59
City & Hackney	35	54
Croydon	35	59
Ealing	35	57
Hounslow	35	57
Bexley	34	61
Kensington & Chelsea	34	57
Sutton & Merton	34	62
Kingston upon Thames	32	63
Lewisham	32	62
Richmond upon Thames	32	62
Camden	31	64
Enfield	31	67
Hammersmith & Fulham	30	61
Lambeth	30	63
Southwark	30	63
Westminster	29	61

Source: Ipsos MORI

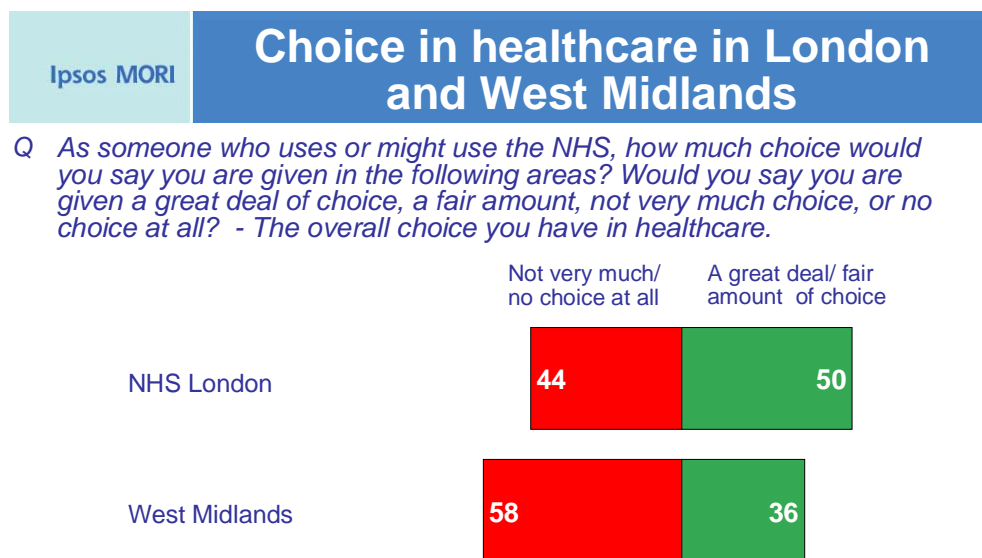
The level of support for the providing more health services in the community is slightly higher amongst some ethnic minority groups. Around two in five of Asians (45%) and mixed race (42%) residents would support this development compared with a third of white residents (34%). The high proportion of Asian residents who support more community based services goes some way to explain why a higher proportion of Newham residents

support this option. According to the 2001 Census 33% of the population in Newham was of Asian descent.

A slightly higher proportion of residents who say they have little choice in healthcare are in support of delivering services closer to home⁴². There are no real differences in opinion of how services should be developed between residents who expect the NHS to become better or worse⁴³. There is also no difference in opinions on the future options amongst patients and the general public⁴⁴. Opinions amongst each of the sub groups discussed above are in line with overall proportions for London.

Perceptions of choice in healthcare

Half of all London residents say they have a great deal/fair amount of overall choice in healthcare and this compares favourably with findings from the West Midlands survey where just over third believe they have at least a fair amount of choice. Residents in the West Midlands (58%) are more likely than Londoners (44%) to say that they do not have very much/no choice at all in healthcare.



Base: 7,036 residents from the 31 NHS London PCTs, 22 September – 27 November 2006; 3,535 residents living in area bound by West Midlands SHA, 8 August and 8 September 2006

⁴² 38% of those who say they do not have very much/no choice at all in healthcare support more community based services, whereas amongst those who say they have choice, this proportion is 35%.

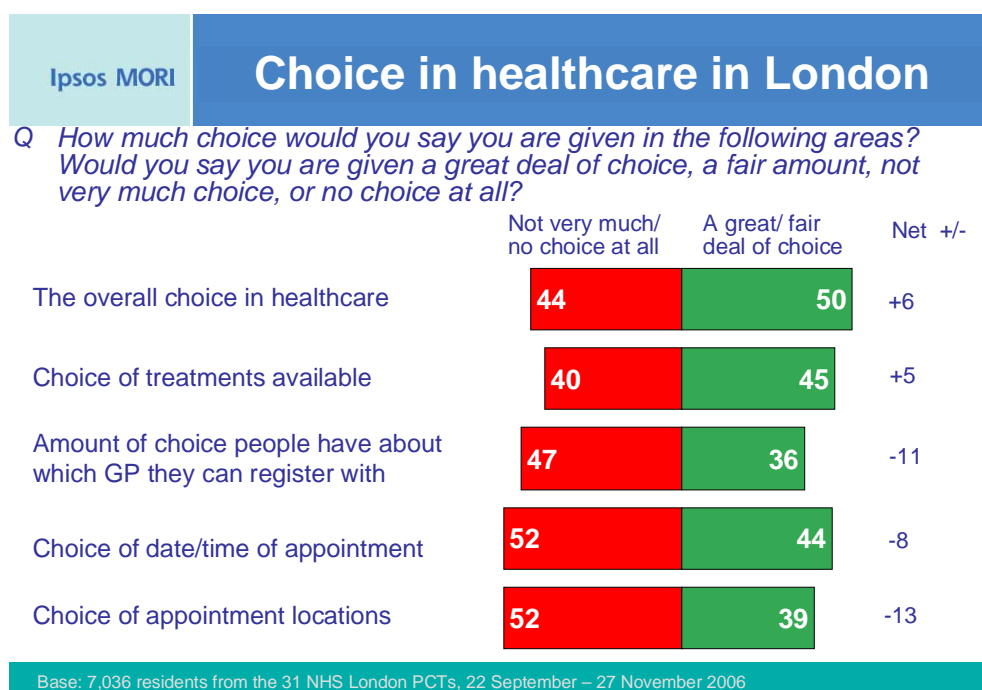
⁴³ The option for keeping services in their present form is supported by 57% of those who expect the NHS to get better and 58% of those who believe it will get worse. Around a third of residents who expect the NHS to get worse (36%) or better (38%) would like services to be delivered closer to home. These figures are not statistically significant when compared against each other and overall.

⁴⁴ 36% of service users support more community based service as do 38% of non-service users. Neither of these figures is statistically significant when comparisons are made within sub-group and overall.

Although half of London residents believe that they have a great deal/fair amount of overall choice in healthcare; when asked about four specific aspects of choice, smaller proportions say they are given choice in each area. This suggests that understanding of the detail of the 'choice' agenda may be low - residents may not be fully aware when and where choices should be made available. This reflects awareness levels in the West Midlands, where, although a third of residents think they are given at least a fair amount of choice, only 15% say they have heard about choice.

Turning to specific elements of services, residents are most likely to say they have not very much or no choice at all when it comes to the date/time of appointments and appointment locations. However, on balance, London residents do feel they have choice of the treatments available.

Residents are more likely to say that they do not have very much/or no choice at all about which GP they register with. There may not be a priority for improvement, however, as London residents may be less likely to think choice in this area is necessary. Results from another Ipsos MORI survey show that 43% of the general public say there is no need for additional choice in selecting GPs and clinics in their local area⁴⁵.



Below we discuss how perceptions of choice vary among different groups of residents.

⁴⁵ Figures taken from the Ipsos MORI Health Choice Tracker conducted amongst a representative sample of 1,016 residents living in England, aged over 16 between 17th September and 28th October 2005.

Perceptions of choice by PCT

Residents living in Barking and Dagenham are most likely to say they have little choice in healthcare. On three of the five measures, those living in Barking and Dagenham say they do not have very much or no choice⁴⁶. In contrast, Westminster residents are most likely to say that have at least a fair amount of choice. It is worth noting that residents living in Barking and Dagenham are more enthusiastic about changing the structure of service delivery by having more community based services and this may be influenced by a perceived lack of choice.

Perceptions of choice by age

Younger residents, aged 16-24 years, are most positive about the level of choice they have in each specific area and overall⁴⁷, while residents aged 35-54 years are most likely to say they do not have very much choice/no choice at all on every aspect⁴⁸. Although, residents aged between 25-34 years say they have little choice on specific service aspects, most in this age group say they have a great deal/fair amount of overall choice in healthcare.

The differences in perceptions on choice by age group may reflect overall attitudes towards the NHS. Residents aged 16-24 years tend to be more satisfied with the NHS than those aged between 25-54 years. The views of residents aged over 55 years tend to be mixed. On some ratings, they are as positive as the youngest age group (e.g. choice of date and time of your appointment) whilst on others, their perceptions are closer to those of the two age groups between 25-54 years (e.g. choice of treatments available).

Perceptions of choice by ethnicity

In the main, ethnic minority groups are more likely to say they have at least a fair amount of overall and specific choice in healthcare. Similar proportions of the black and Asian residents are satisfied with the overall choice they have in healthcare⁴⁹. Asian residents are most likely to say they have at least a fair amount of choice about which GP they can register with (42%) than other ethnic groups⁵⁰, and black residents (53%) are most likely to say that

⁴⁶ On each of these measures and compared with other PCTs, a higher proportion of residents in Barking and Dagenham say they have little choice. Around three in five Barking and Dagenham residents say they do not have enough choice in: appointment locations (57%), date and time of appointments (59%) and less than half say they have at least a fair amount of choice of treatments available (47%).

⁴⁷ Almost half (48%) of 16-24 year olds say they have at least a fair deal of choice when selecting appointment locations compared with 35%, 33%, 43% of those aged 25-34 years, 35-54 years and aged 55 and over respectively.

⁴⁸ For example, 45% of 35-54 year olds say they do not very much/no choice in the treatments available compared with 42% of 25-34 years old, and around a third of all other groups (32% amongst 16-24 year olds, 35% amongst 55 year olds and over).

⁴⁹ 55% of black London residents and 54% of Asian residents believe that they have at least a fair amount of choice overall compared 49% of white residents.

⁵⁰ This compares with a lower proportion amongst white (35%) and black (37%) residents.

have at least a fair amount of choice in selecting the date and time of their appointment, compared with other groups⁵¹.

These differences by ethnicity mirror a finding in the West Midlands survey where ethnic minorities tend to be more content with the level of choice they have. For example, 41% of ethnic minorities in the West Midlands say have a great deal /fair amount of choice compared with 35% of white residents.

Perceptions of choice amongst patients

Findings from the London survey are in line with perceptions in the Health Tracker -Winter 2005, commissioned by the Department of Health, where over half (54%) of English residents who had experienced in-patient, outpatient or A&E care in last year were satisfied with the amount of choice they had when deciding the date/time of their appointment.

There are three groups of patients who are most likely to say they have little choice in healthcare. On all five aspects of choice, residents who have had experience of private hospitals are most likely to be critical about the level of choice in the NHS. In particular, almost two in three of these residents say they do not have a great deal of choice of the date and time of their appointment (59% vs. 52% overall). The two other groups are patients who have contacted NHS Direct or attended Accident and Emergency (A&E) departments. Patients of both NHS direct and A&E departments are most negative about the choice they have in the date and time of their appointment (both 57% vs. 52% overall) and this may reflect their decision to use these particular services.

In comparison with other groups of service users, those who have experienced in-patient care are most likely to say they have at least a fair amount of choice. Over half say that they have at least a great deal of choice in the treatments available (49%)⁵² and overall choice (51%)⁵³ in the NHS.

Requesting specific treatment

Only one in five (21%) Londoners had requested specific treatment or prescription not originally offered by their doctor.

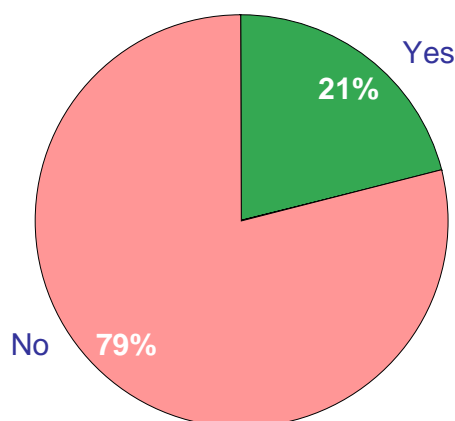
⁵¹ Less than half of Asian (47%) and white (43%) residents say they have at least a fair amount of choice in the date and time of their appointment.

⁵² In comparison with other groups of service users more than 47% say they have choice in the treatments available – 47% of out-patients, 47% walk in centres, 45% visited an NHS GP.

⁵³ Less than half of out-patients (49%), A&E patients (48%), users of NHS Direct (47%) say they have at least a fair amount of overall choice in healthcare. Although half of those who have visited a walk-in centre (51%) or an NHS GP (50%) say they have a great/fair amount of choice, this is the only aspect of choice where most of these service users say they have at least a fair amount of choice

Requesting specific treatment

Q Have you ever requested a specific treatment or prescription even though the doctor did not originally offer it to you?



Base: 7,036 residents from the 31 NHS London PCTs, 22 September – 27 November 2006

The 21% of London residents who have requested a specific treatment or prescription are mainly residents with a long-standing illness, disability or infirmity⁵⁴. These residents are more likely to be informed about the issues surrounding their treatment and are therefore more likely to request a specific treatment.

Around a third (31%) of residents who have been patients at private hospitals have requested specific treatment from their doctor. Further, those who have experienced private healthcare are also one of the groups most likely to say that they have limited choices in treatment.

Views of the NHS may be associated with the likelihood of requesting treatment. Those who are dissatisfied with the NHS (29%), believe it will get worse (26%) and feel they have little choice (26%) are more likely to have requested treatment or prescription from their doctor⁵⁵. This is perhaps to be expected as those who are unhappy with the services they receive are probably more likely to investigate options for treatment and request alternatives.

Residents in Lambeth are most likely to say they have requested specific treatment (31% compared with 21% overall). A third (32%) of residents in Lambeth are aged between 25-34 years compared with 24% overall and as mentioned earlier, this age group is more likely to

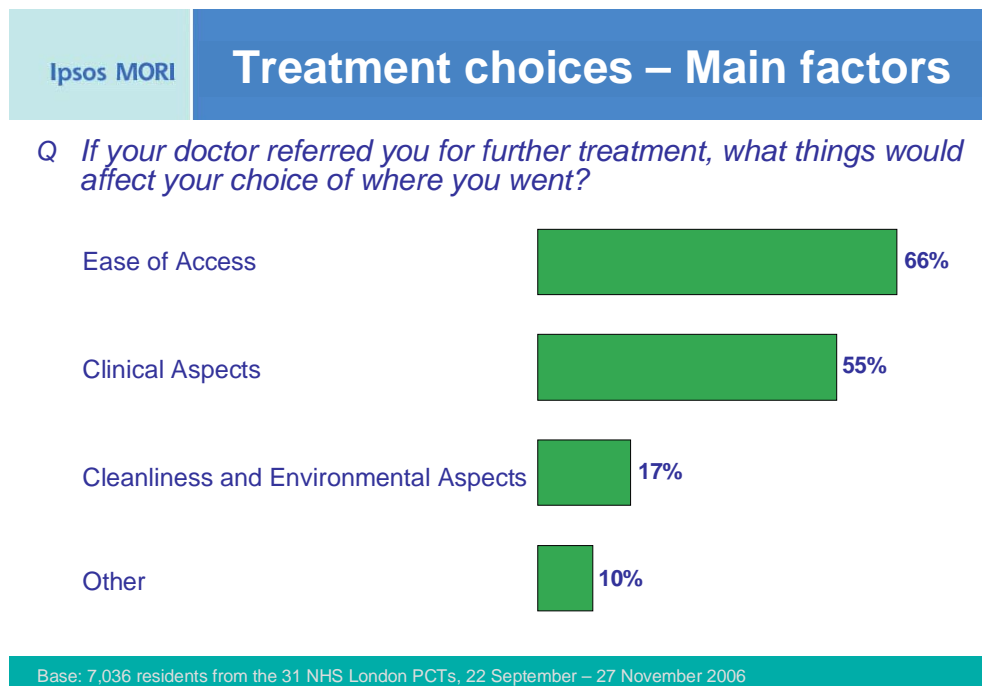
⁵⁴ Over quarter (28%) of residents who describe themselves as disabled have requested specific treatment or prescription not originally offered by their doctor. This compares to less than one in five of residents without a disability (19%).

⁵⁵ 26% of those who say they have not very much choice have requested specific treatment compared with 18% who say have a great deal/fair amount of choice. Amongst those who are dissatisfied with the NHS 29% requested a specific treatment or prescription whereas only 18% of those who are satisfied.

say they have little choice when it comes to healthcare. They are therefore, more likely to have requested specific treatment or prescription.

Factors influencing choice of treatment provider

The most important factor when deciding treatment provider is the ‘ease of access’. The second and third most important factors relate to clinical care and cleanliness and environmental aspects, respectively.



‘Ease of access’ covers factors relating to location and the process of accessing services, the most important of which, for London residents, is the proximity of the treatment provider to their home address. This is also the most mentioned consideration in the West Midlands when choosing a hospital (52%). In the National Patient Choice Survey⁵⁶, factors relating to location or transport considerations were cited most often by 57% of patients when choosing a hospital. Unpacking the reasons behind these answers will be particularly important in informing the strategic delivery of services closer to home.

The next most important consideration for London residents when choosing a treatment provider is the reputation of the provider, followed by other aspects of access, cleanliness and standards of care.

⁵⁶ Source: Department of Health Report on the Results of the Patient Choice Survey, England-May/June 2006

Factors influencing choice of treatment provider

Q *If your doctor referred you for further treatment, what things would affect your choice of where you went?*



Base: 7,036 residents from the 31 NHS London PCTs, 22 September – 27 November 2006

The specific factors influencing choice of treatment provider are of greater importance in some PCTs than others and there are also demographic differences based on ethnicity and affluence.

Factors influencing choice by PCT

A treatment provider being 'closer to my home' is particularly important to residents in Richmond upon Thames (61%), Wandsworth (61%) Hounslow (59%) and Sutton and Merton (59%) compared with 52% of residents overall.

A hospital's reputation is particularly important in Islington (35%) and Richmond upon Thames (32%), compared with London residents generally (24%). Residents in Kingston upon Thames are most likely to make mention of better transport facilities when selecting a healthcare provider. A quarter (24%) of residents say that better transport facilities/access to and from hospital is important compared with less than one in five of all other PCTs. This may be as a result of the geographic spread of the borough.

Factors influencing choice: ethnicity and socio-economic group

White London residents are slightly more likely to prefer a provider that is closer to their home – 54% compared with 49% of ethnic minority groups. White residents also attach greater importance to the reputation of the hospital than other ethnic groups⁵⁷.

For affluent residents, there is an overall preference to choose a provider that is located close to their home address⁵⁸ and in comparison to less affluent residents, the reputation of the hospital is more important for this group⁵⁹.

Having better transport facilities/access to and from hospital is more likely to be mentioned by residents who have a long-standing illness or disability⁶⁰ or aged over 55 years⁶¹ and this closely related to mobility problems they have when using public transport.

⁵⁷ 26% of white residents take into account the reputation of the hospital (in general) when making a decision about where to go for treatment. This lowers to less than one in four amongst Asians (18%) and black people (16%).

⁵⁸ Nearly three in five of residents who are from the ABC1 social group (57%), owner occupiers with a mortgage (58%) and those with access to a car (54%) say this is important. The equivalent proportions is less than half amongst C2DEs (45%) and social renters (48%) and around half amongst private renters (52%) and non car owners (50%).

⁵⁹ The reputation of a hospital would affect choice of treatment provider for 27% of ABC1 compared with 17% of C2DEs. The reputation of hospital is also mentioned by over a quarter of owner occupiers (25% - Owned outright, 27% owned with a mortgage of loan) compared with around one in five of residents living in private (22%) and socially rented accommodation (19%). Amongst car owners, 26% say that the reputation of the hospital would affect their choice compared with 20% of non car owners.

⁶⁰ 15% of residents with a longstanding illness or disability mention better transport/access to and from hospital and this lowers to 12% amongst those who do not consider that they are disabled and 13% overall.

⁶¹ 16% of over 55 year olds mention better transport facilities/access to and from hospital compared with no more than 13% of both 35-54 year olds and 25-34 year olds and 10% of those aged between 16-24 years.

4. Information sources

This chapter focuses on where residents get information about healthcare, and which sources they trust most.

Key sources of healthcare information for London and the West Midlands include their GP, the media, and friends and family. In London GPs are a more used source, while in the West Midlands friends and family are more important. In both SHAs residents most trust the information given to them by their GP, followed by information from their friends and family. Only a small minority of residents say they trust the information they receive from the media, although it is still the case that around a third of residents say they receive most of their information about healthcare from national media.

Use and trust of information sources do not vary significantly by PCT, but do vary by other sub-groups. Patients are more likely to use and trust their GP for information about healthcare, than residents who have not used NHS services in the last year. These patients include older residents, while younger residents, who are less likely to be patients, are more likely to use and trust their friends and family as an information source. Similarly, residents who are satisfied with NHS services, think the NHS will get better or feel they have a choice of services are more likely to trust their GP than those who are dissatisfied, think the NHS will get worse or think they have little choice.

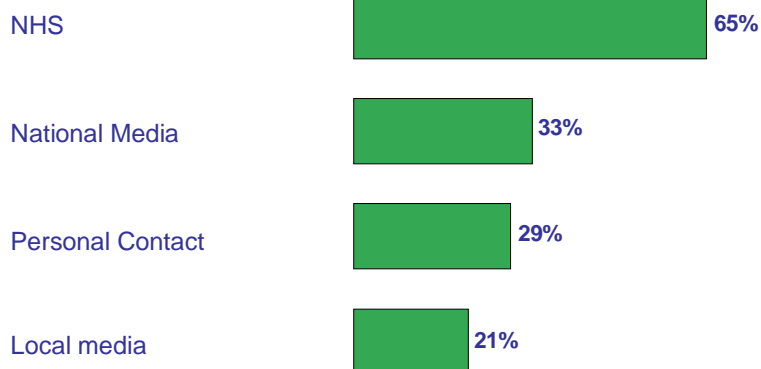
Ethnic minority groups, particularly black residents, are more likely to say they use and trust their GP, while white residents say they prefer their friends and family.

Receiving information about healthcare

Overall, two in three residents obtain information about healthcare from the NHS making it the most received source. The other main sources of information are the national media and personal contacts.

Key sources of information

Q Now thinking about healthcare generally, from which two or three sources do you get most of your information about healthcare generally?



Base: 7,036 residents from the 31 NHS London PCTs, 22 September – 27 November 2006

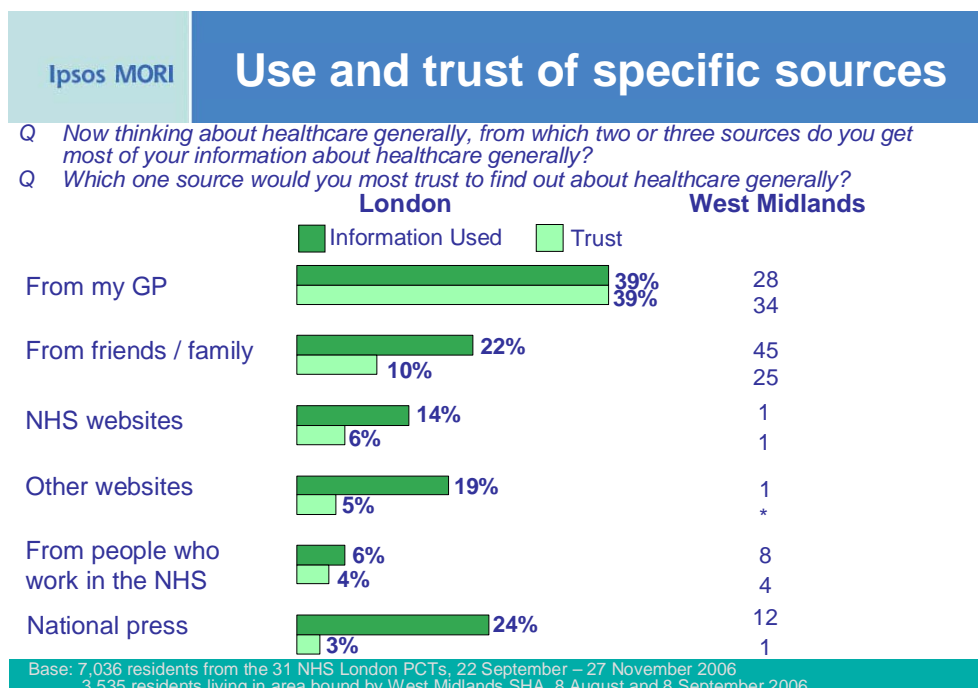
Use and trust of specific sources of healthcare information

GPs emerge as the single used **and** trusted source of information about healthcare in London as 39% of all residents use and trust the information provided by their GP. We often find this to be case in our research – it highlights a need to ensure that GPs are well enough informed to advise their patients of the choices available to them.

Regardless of which sources are used, GPs are most trusted source of information. Whilst residents in the West Midlands get most healthcare information from friends and family they, like Londoners, are most likely to trust information from their GPs. This underscores the importance of the GP's role in informing patients of changes and services available.

Family and friends are the second most trusted information source and the third most used source of information in London. In comparison, friends and family are the most important source of information about healthcare in the West Midlands. This may reflect closer family ties in the West Midlands compared with London. Moreover, London has a higher proportion of transient residents. It is generally the case that people who are temporarily living in one area are most likely to live in private rented accommodation. In London, 16% of residents privately rent compared with 7% in the West Midlands.

The **national press** is one of the least trusted sources of information but around a quarter of Londoners receive most of their information about healthcare from the national press. A higher proportion of Londoners use national newspapers as a source of healthcare information than residents in the West Midlands.



Use and trust of different information sources are discussed by resident sub- groups below.

Use and trust of information amongst patients and public

As might be expected, residents with recent experiences of health services are more likely to have received information from GPs and furthermore, trust this information. This particularly applies to in-patients⁶², parents and residents with a long standing illness or disability⁶³.

Unsurprisingly, residents who have not used the NHS in the last year are less likely to receive most of their information about healthcare from GPs. They are also less likely to trust GPs as a source of information⁶⁴. This is probably due to their lack of contact. These non-users are more likely to get their information from the national press⁶⁵ and trust⁶⁶ information from friends and family.

⁶² Over two in five recent in-patients (46%) say they received most of their information about healthcare from their GP. 44% of in-patients say they trust information provided by GPs.

⁶³ 80% of both parents and residents with a long-term illness or disability have visited their GP in the last year. 44% of both have used healthcare information from their GP and two in five trust their GP as source of information (parents – 41%, disability – 42%).

⁶⁴ Non-patients, 25% trust and 19% use the information provided by GPs.

⁶⁵ A third (29%) on non-patients use the national press for information compared with around one in four (24%) of patients. Only 4% of non-patients trust the information provided by the press which is line with the average.

⁶⁶ 15% of non-patients trust the information provided by their friends and family compared with only 9% of patients.

Use and trust of healthcare information by age

As with older West Midlands residents, older Londoners have a greater reliance and trust in GPs for information about healthcare. Two in five (42%) of Londoners aged 55 years and over **receive** most of their information from GPs compared with just over a third of all 16-54 year olds. Almost half (49%) of those aged over 55 say they **trust** their GPs to provide them with healthcare information compared with around a third of younger residents (34% of 16-34 year olds).

Again, as in the West Midlands, an important source of information about healthcare for younger residents is their friends and family. A quarter of those aged 16-34 (24%) receive information from friends and family compared with less than a fifth (18%) of those aged 55 and over.

When compared with other age groups, trust in the information provided by friends and family is higher amongst young people. Over one in ten of 16-24 year olds (12%) and 25-34 year olds (12%) trust information from friends and family compared with less than one in ten of 35-54 year olds (9%) and those aged 55 years and over (7%).

Use of national press for information about healthcare is higher amongst those aged over 35 years than those under. Over a quarter of residents aged 35 and above (28%) use national press as a source of healthcare information, compared with around a fifth of younger people (15% of 16-24 year olds, 20% of 25-34 year olds). Even though residents aged over 35 years tend to use the national press for information, the proportion who say they trust this source is in line with the London average⁶⁷.

Use and trust of information by ethnicity

Black residents are more likely to use⁶⁸ and trust⁶⁹ their GP as a source of information than other ethnic groups.

Asian and black residents are less likely to say they trust information from their family and friends than white or mixed race residents⁷⁰. This is perhaps to be expected as white residents are more reliant on personal contacts for information⁷¹.

⁶⁷ On average 3% of residents trust the information the national press provided on healthcare and amongst those aged over 35 years, 4% trust this source.

⁶⁸ Forty four per cent of black residents get information about healthcare from their GP, compared with 40% of Asian residents and 38% of both white and mixed race groups.

⁶⁹ Two in five black residents (42%) trust their GP compared with around a third of all other ethnic groups in London (white – 39%, Asian – 36%, mixed race– 35%).

⁷⁰ Trust in the information from friends and family also differs by ethnicity. Over one in 10 of white (11%) and mixed race (11%) residents trust the information they receive from their friends and family. The proportions who have this view amongst Asian and black residents are 8% and 6% respectively.

⁷¹ Over one in five of white residents (23%) get most of their information about healthcare from friends and family compared to 19% amongst Asian residents and 18% amongst black residents.

There is a greater tendency amongst white residents to use national newspapers to find out about healthcare. Over a quarter use this source (27%) compared with less than one in five amongst ethnic minority communities⁷².

Use and trust of information by PCT

There are no significant differences in use and trust of information sources by PCT. The results suggest use and trust of information sources within PCT is a function of the make up of that area. Therefore, when communicating information, it is important to understand the profile of residents living in each PCT and communicate via the most appropriate medium.

As examples: Trust in GPs is highest in Bexley (46% vs. 39% overall) and this PCT has one of the highest concentrations of residents aged over 55 years (33% vs. 26% overall) and older residents are most likely to trust their GP. Those living in Southwark are most likely to use their GP as the main source for information, and this PCT also has a higher concentration of residents from the C2DE social group: residents from lower socio-economic groups have a greater propensity to get most of information about health services from their GP. For example, overall 44% of C2DE residents say they receive most of their information from GPs compared with 35% of ABC1 residents.

The national press is **used** by more residents in Richmond upon Thames than other areas but the groups of people who **trust** the press most are residents in Kensington and Chelsea and Ealing⁷³. It is worth noting that after Richmond usage of the national press for information is second highest in Kensington and Chelsea.

Over a quarter of Islington, Camden and Kensington and Chelsea residents (28%) **use** friends and family for information about healthcare compared with 22% overall. Of the four PCTs, Islington residents are most likely to trust this source (16%)⁷⁴.

How are perceptions of the NHS related to trust and use of information sources about healthcare?

As in the West Midlands, residents who are satisfied with the NHS, believe that it will get better in the next few years, or say they have at least a fair amount of service choice are more likely to use and trust⁷⁵ their GP as a source of healthcare information. Those who are

⁷² In comparison, 17% of Asian residents, 19% of both black and mixed race residents use national newspapers to find out about healthcare.

⁷³ 34% of Richmond residents use the national press for healthcare information compared with 24% overall. 7% of residents in Kensington and Chelsea and Ealing trust the information in the national press which is more than double the average across London (3%).

⁷⁴ 16% trust their family and friends as a source of information compared with 11% in the other three PCTs.

⁷⁵ Around two in five residents who are satisfied with the NHS (42%), believe the NHS will improve (42%) and say they have at least a fair deal of choice (43%) use their GP for healthcare information. Amongst those who are dissatisfied with the NHS (34%), expect the NHS to get worse (36%) and say they do not have much choice or no choice at all (35%), around a third get information from their GP.

dissatisfied with the NHS, say they have a little choice or say that the NHS will get worse in the future are less likely to use their GP as a source of information.

Londoners who are dissatisfied with the NHS⁷⁶, expect the NHS to get worse⁷⁷ and say they have little choice overall in healthcare⁷⁸, are more likely to use **and** trust healthcare information from family and friends.

Similarly, over a quarter of residents who expect the NHS to get worse (27%) or say that they have little choice in overall healthcare (26%) use the national press for information. However, the proportion of these groups who say they **trust** the information provided by the national press is no different from the average.

How do personal contacts with NHS staff relate to trust and use of information sources about healthcare?

Relationships with NHS employees may influence trust in the information provided by GPs. Trust in GPs is higher, at around two in five, amongst those who have friends and family currently employed in the NHS (41%), compared with 33% of those who do *not* have personal contacts with NHS staff.

Similarly, those who have personal relationships with NHS staff have a greater propensity say they use this source for information. For residents with friends and family working in the NHS, around one in ten (12%) say they get most of their information about healthcare from this source. This is three times the proportion amongst those who do *not* have friends and family working in NHS (4%), suggesting that NHS staff can be influential advocates of the NHS.

Use and trust of the national press, for both those with and without friends or family in the NHS is inline with Londoners overall.

⁷⁶ 24% and 11% of those who are dissatisfied with the NHS use and trust, respectively, information from family and friends compared with 19% and 9% amongst those who are satisfied.

⁷⁷ Over one in ten (11%) of residents who expect the NHS to get worse trust information from family and friends compared with 8% who expect the NHS to improve. Use of information from family and friends is also greater amongst those who expect the NHS to get worse – 23% compared with 19% of those who expect it to improve.

⁷⁸ 23% of residents who say they have little choice in overall healthcare rely on information from family and friends compared with a 20% of those who say they have at least a fair amount of choice. Trust in the information provided by family and friends is also higher amongst those who say have not very much or no choice at all (11%) in healthcare than those who say they have a great deal/ fair amount of choice (8%).

Appendices

A. Guide to statistical reliability

It should be remembered that a sample, not the entire population of London residents took part in this survey. Therefore the figures obtained may not be exactly the same as those if all residents had been interviewed (the “true” values). However, the variation between the sample results and the “true” values can be predicted from the knowledge of the size of the samples on which the results are based and the number of times that a particular answer is given. The confidence with which this prediction can be made is usually chosen to be 95% - that is, the chances are 95 in 100 that the “true” value will fall within a specified range.

The table below illustrates the predicted ranges for different sample sizes and percentage results at the “95% confidence interval”.

For example, with the total sample size of 7,036 completed interviews, where 50% give a particular answer, the chances are 19 in 20 that the “true” value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/- 1 percentage points from the sample result; in fact the actual result is proportionately more likely to be closer to the centre (50%) than the extremes of the range (49% or 51%).

Sample Size	Approximate sampling tolerances applicable to percentages at or near these levels*		
	10% or 90%	30% or 70%	50%
	±	±	±
7,036 Londoners	1	1	1

Source: Ipsos MORI

When the results are compared between sub-groups different results may be obtained. The difference may be “real”, or it may occur by chance (because not everyone in the population has been interviewed). To test if the difference is a real one - i.e. if it is “statistically significant” - it is again necessary to know the total population, the sizes of the samples, the percentage giving a certain answer, and the degree of confidence chosen. Assuming “95% confidence interval”, the differences between the two sub-sample results must be greater than the values given in the table on the next page.

For example, if 50% of 16-24 year olds (base size: 1,059) give a particular answer, and 52% of 55 year olds (base size: 1,825) give the same answer, there is **not** a statistically significant difference between the responses of the two groups.

If however, 54% of the latter group give the same answer, then this **is** statistically significant difference (since there is more than a four percentage point difference between the two).

Sample Size	Differences required for significance at or near these levels*		
	10% or 90%	30% or 70%	50%
	±	±	±
1,059 16-24 year olds vs. 1,825 55 year olds and over	2	4	4
4,991 white residents vs. 2,009 ethnic minorities	5	7	8
4,184 Satisfied vs. 1,919 Dissatisfied with the NHS	2	3	3

B. Sample profile

Demographic breakdown of respondents		
	Weighted	Un-weighted
<i>Base: All respondents</i>	<i>(7,000)</i>	<i>(7,036)</i>
	%	%
Gender		
Male	48	45
Female	52	55
Age		
16-24	15	14
25-34	24	24
35-44	20	20
45-54	14	15
55-64	11	13
65-74	9	9
75+	6	6
Social grade		
ABC1	61	64
C2DE	35	33
Ethnicity		
White	71	71
BME	29	29
Asian	12	12
Black	10	9
Mixed	5	6
Working Status		
Working full time (30hrs/wk+)	46	45
Not working full time	54	55
Parental Status		
Yes	34	34
No	66	66
Private Health Insurance		
Yes	26	28
No	72	70
Friends and family in NHS		
Yes, me personally	5	6
Yes, members of my family	16	16
Yes, friends	17	17
No	68	67

Source: Ipsos MORI

C. Social Grade definitions

This appendix contains a brief list of social grade definitions. These summary groupings are regularly used in research.

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

D. Primary Care Trusts

The respondents who took part in the survey reside in the 31 Primary Care Trusts (PCTs) listed below.

Primary Care Trusts in London

Barking & Dagenham
Barnet
Bexley
Brent
Bromley
Greenwich
Camden
City and Hackney
Croydon
Ealing
Haringey
Enfield
Hammersmith & Fulham
Harrow
Havering
Hillingdon
Hounslow
Islington
Kensington & Chelsea
Kingston Upon Thames
Lambeth
Lewisham
Newham
Redbridge
Richmond upon Thames
Southwark
Sutton & Merton
Tower Hamlets
Waltham Forest
Wandsworth
Westminster

Source: NHS London