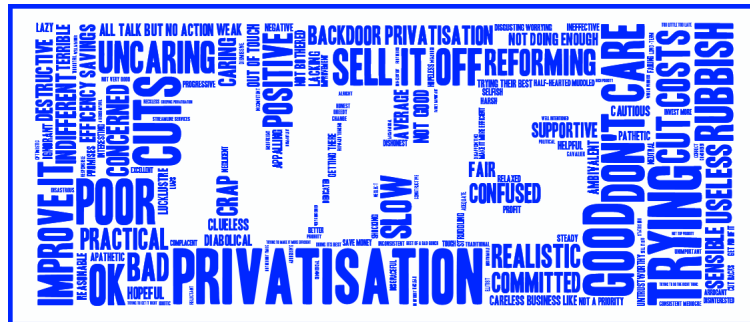


The People, the Parties *and the*



Lord Ashcroft KCMG PC

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Cover image: collected answers to the question: "In a few words, how would you sum up the Conservative Party's / Labour Party's / Liberal Democrats' / UKIP's approach to the NHS?"

Sample: 20,011

Word cloud tool from tagxedo.com

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Introduction: The People, The Parties and the NHS

The debate over the NHS in this year's general election campaign has already become an exchange of insults, doubtful assertions and unreliable statistics of the kind that voters find so edifying. But despite the noise, both parties are avoiding real discussion of the subject.

Being by far the most trusted party on the NHS, Labour have put the health service at the centre of their campaign. But they look set to focus on GP appointment times, spending the proceeds of their Mansion Tax and, of course, attacking the Tories' record. There is no sign of the harder thinking on the choices needed to make the NHS sustainable in the longer term of the kind that the previous Labour government was prepared to grapple with. They know these choices are unpalatable, not least with their own voters, and have decided not to trouble the electorate with them at this stage.

The Conservatives are reluctant to talk any more than they have to about the NHS for the more obvious reason that they feel no such conversation would end well for them. As I have found in my latest research, which included a poll of over 20,000 people and day-long discussions with 80 members of the public, fewer than three in ten voters think they have the best approach to the NHS, eighteen points behind Labour. The Tories are thought less likely to regard the NHS as a priority than Labour, the Lib Dems or (in Scotland and Wales) the SNP and Plaid Cymru – though David Cameron is the only leader thought more likely to care about the NHS than his party. They fear everything they say will be twisted and distorted, and the distortions will be believed.

Some will blame the Lansley reforms for this state of affairs, and it is true enough that they did not help. When I asked what they thought was the reason for the reforms, the single biggest response was “to save money”. More thought they were “part of a plan to privatise the NHS” than to cut bureaucracy or give more choice and control to patients.

But it is not as though these reforms tarnished an otherwise gleaming Conservative reputation on the NHS. In fact the reverse is true: in the absence of any clear explanation of how the changes were supposed to benefit patients, people fell back on their assumptions about Tory motivations.

This is a consequence of the failure to complete the decontamination of the Conservative brand. The party's modernisation will be complete when it is trusted to sustain and reform the NHS. The tragedy is that in opposition, by campaigning confidently on the NHS the Tories managed to neutralise Labour's advantage. Though the party may never overtake Labour on health, the NHS does not have to be its perpetual political millstone.

All of which means there is no immediate prospect of a grown-up conversation about one of the most important domestic issues of the time – which is a pity, because we need one. People really do care passionately about the National Health Service. At my research day, views on the NHS were at least as strongly held and expressed as at similar events I have held on Europe and immigration.

My poll found three quarters of those who had used the NHS recently saying they would recommend the service they had received to their friends and family, and a similar proportion believed the NHS is “as good as or better than health services in most other European countries”.

But although people were more likely than not to think spending on the NHS had risen in the last five years, they were much more likely than not to think the service had deteriorated. I found the fact that NHS funding had doubled under the last government – which was news to most people – underlined a view that money was not the whole answer, even if there were any to spend.

Though many are anxious about the NHS on its current course, there is no enthusiasm for reform. My research uncovered five strands of opinion towards the NHS. The “Concerned Status Quo” segment are worried about the future but resistant to change; “Armchair Realists” see a need for reform in principle, but are less keen in practice; “Cautious Reformers” believe extra funding has

been largely wasted and are more comfortable than most with private providers within the NHS; “Founding Idealists” oppose private sector involvement and are less likely to think the NHS faces serious problems; and the “Entitlement Protection” segment believe the main problem is too many people using the NHS who have not paid into it.

For most people, the biggest long term problem in the NHS is too much waste and bureaucracy. Rising costs resulting from an ageing population and more expensive treatment are next, followed by too much interference from governments. Though most think under-funding is a problem, it comes relatively low down the list.

While most people’s personal experience of the NHS is good, doom-laden media reporting leads them to believe they must be lucky: 78% thought “the quality of service offered by the NHS varies significantly between different areas and different hospitals”.

Wide recognition of the NHS’s problems does not mean there is any agreement on the way forward. By far the most popular proposals for raising funds or freeing up resources in the NHS were charging for missed GP appointments (which if it were ever introduced would surely raise only a minuscule amount), making bigger cuts in other areas of government spending and cutting back on non-clinical staff – though as my research also found, people are inclined to overestimate hugely the number of managers and administrators.

Just over half thought the government should consider using more private companies in the NHS “when they can provide high quality services more cheaply” – but a fifth of the population, including nearly a third of Labour voters, thought the private sector should not be allowed to provide NHS services “even if this would save money and improve treatment for patients”. More than a quarter thought that if a firm could do an operation for less, paying it to do so represented money leaving the NHS and going to the private sector, rather than a saving for the health service. Even many of those who had no problem with private involvement in principle feared that shareholders would ultimately be prioritised over patients.

I found that being able to choose where or by whom they were treated was a relatively low priority for the public. People were also sceptical about the value of information and choice in driving up standards, as compared with central targets. They were divided over whether publishing detailed information about hospitals, surgeons and survival rates would “raise standards and enable patients to make more informed choices”, or “might be misunderstood by patients and lead them to make choices that are not right for them”.

Only a minority thought the best way to raise NHS standards was to give patients choice “so hospitals have an incentive to innovate and provide the best care”; 60% thought the best way was “for the government to set standards and targets that all hospitals must meet”. Simultaneously, they also demanded a uniform service across the country, and that decisions should be taken by health professionals at a local level to meet the needs of particular areas.

Ultimately, only just over half the public expect that in ten years’ time the NHS will continue to offer a full range of health services to everyone, to a high standard. Three in twenty think that in 25 years the NHS will have disappeared altogether. We found that discussing the practicalities of the future of the health service is hard because the subject is laden with emotion: one of our participants described the NHS as “the soul of Britain”. Talking about potential reforms, even when aimed at ensuring the sustainability of the service in the long term, feels to many like an affront and makes them defensive.

That is why a proper conversation about the NHS is so important. It’s a shame there is no sign we’re going to get one.

MAA

Methodology and acknowledgements

Quantitative

20,011 adults were interviewed online between 14 and 24 November 2014. Results have been weighted to be representative of all adults in Great Britain.

The data was analysed using discriminant analysis to identify five 'segments' of opinion towards the NHS within the population:

- Segment 1: 'Concerned Status Quo' (28% of the population)
- Segment 2: 'Armchair Realists' (24%)
- Segment 3: 'Cautious Reformers' (19%)
- Segment 4: 'Founding Idealists' (17%)
- Segment 5: 'Entitlement Protection' (12%)

These segments are explained in more detail on page 7.

Qualitative

A day-long deliberative research event titled 'The Future of the NHS' was held in London on 16 December 2014.

80 members of the public took part, recruited to ensure that each of the five segments was represented. The participants took part in moderated round-table discussions with others of the same segment.

Acknowledgements

Andrew Haldenby of Reform and Ruth Thorlby of The Nuffield Trust acted as expert witnesses at the research event, expertly chaired by Anne McElvoy of *The Economist*. The aim was to introduce new facts, arguments and suggestions for reform to participants – a task they acquitted ably and with great humour. I am grateful to all three for their contributions.

The NHS: Five schools of thought

‘Concerned Status Quo’

Worried about the future of the NHS but resistant to change
28% of the population

Members of the Concerned Status Quo segment would like to keep the health service substantially the same as it is now, though they worry about geographic differences in quality, failing standards of care and falling budgets. They see little justification for large-scale reforms. They are the least likely to support proposals like the use of more private providers, consolidating services into bigger units, introducing charges or holding down staff pay as a means of easing financial pressure, and the most positive about increasing funding by borrowing more, reducing the deficit more slowly or cutting other areas of government spending.

They believe the main motivations behind the coalition’s reforms were saving money and privatisation. This segment is the most likely to say that they plan to vote Labour at the next election. Around three in ten voted for the Liberal Democrats in 2010. Almost seven in ten think Labour are the best party on the NHS, compared to just under half of the general population.

They rank “improving the NHS” as the most important issue facing Britain as a whole. Nearly three quarters (72%) name it among the top three issues for themselves and their family – only “tackling the cost of living” ranked higher.

This is the one of the youngest segments, predominantly female and containing proportionally more people from the DE social grades. They are also the most likely to say they have used the NHS in the last six months (83%). They are less likely than average to be homeowners and more likely to live in council accommodation. This is the segment most likely to work part-time and most likely to work in the public sector.

‘Armchair Realists’

See a need for reform in principle, but are less keen in practice

24% of the population

Armchair Realists believe the NHS has received more funding over the past five years. They are less likely than average to be concerned about bureaucracy and waste or to think that the health service needs more money. They are also more likely than all except the Cautious Reformers segment to think that people’s expectations of the NHS outweigh what it is realistically able to provide. Armchair Realists recognise that the NHS faces big challenges and say reform is needed, but are very sceptical about many of the potential avenues for change.

For members of this segment, the most important issues facing Britain are getting the economy growing and reducing the deficit. For themselves and their families, the cost of living is the most important issue, with the NHS third behind economic growth.

This segment is the least likely to say they will vote UKIP. Almost half of them plan to vote Conservative at the next election (38% of Tory loyalists are in this group), and a quarter say they will vote Labour. One in ten of the segment say they will vote Liberal Democrat – meaning they make up four in every ten Lib Dem voters.

Armchair Realists are disproportionately likely to be male and to come from higher social grades. They are also more likely to be graduates, and have the highest average salary of any segment.

‘Cautious Reformers’

Believe extra funding has been largely wasted; comfortable with more use of private providers

19% of the population

Cautious Reformers are the most likely to think NHS funding has increased over the last five years, and also the most likely to think much of it has been lost to bureaucracy and waste. They also think people using the NHS when they have not paid into it is a big problem.

This segment is more positive than most about recent reforms and more comfortable with the use of private providers. They are also more likely than average to support linking treatment priority with lifestyle.

Cautious Reformers are the most likely of any segment to name the Conservatives as the best party on the NHS, and are more likely to name the Conservatives (49%) than any other party. Half the segment say they will vote Conservative but a third say will vote UKIP: half of the UKIP joiners from the Conservatives are in this segment, and more than a third of all UKIP joiners.

This is the oldest segment and the most likely to be retired. They are disproportionately white, homeowners who live in towns and rural areas. As a group they rate immigration as the most important issue facing the country, and a close second to tackling the cost of living among the issues facing themselves and their families.

‘Founding Idealists’

Negative about private provision; less likely to think the NHS faces serious problems

17% of the population

Founding Idealists do not think much has changed in the NHS in the past five years, either in terms of funding or standards. They are less worried than other groups about bureaucratic waste, or lack of funding. However, they are generally negative about recent reforms and oppose the use of private providers. This is the only group to show strongly different views on who should make decisions about the NHS: while 85% of the general population say that health professionals should be in charge, 41% of segment 4 would prefer to have accountable, elected politicians.

Amongst those expressing an intention to vote, almost half of this segment will vote Labour, and around a quarter Conservative. However, this is also the segment least likely to vote: only 40% say they will definitely vote in the next election.

Founding Idealists make up by far the youngest segment: more than half fall into the 18-34 range. They tend to be working and are much more likely than average to be single or to have young children.

‘Entitlement Protection’

Believe the main problem is too many people using the NHS who have not contributed to it

12% of the population

Immigration dominates the concerns of the Entitlement Protection segment. They rate it as far and away the most important issue facing the country (100% of them put it among their top three) and they are twice as likely as the general population to name it among the most important issues for themselves and their families (60%).

This relates to their view of the NHS. They are the most likely of any segment to say that trouble getting a GP or other appointment at a convenient time is a big problem in the NHS, and rate too many people using the NHS who have not paid into it as the biggest long term issue facing the service. The Entitlement Protection group are also more likely than average to think that people who smoke, drink or eat too much should receive lower priority.

This segment has the highest concentration of UKIP supporters – nearly four in ten (39%) say they will vote for the party, with the Conservatives in second place on 29%.

The majority of the Entitlement Protection segment have no formal education beyond secondary school and they are more likely than average to fall into the C2, D or E social grades.

The state of the NHS

Priority

In our poll more than four in ten (42%) named “improving the NHS” as one of the three most important issues facing Britain. However, more than half (54%) said it was among the top three issues for themselves and their family, putting it second behind “tackling the cost of living”.

<i>% naming top three – ‘Britain as a whole’</i>	ALL	<i>% naming top three – ‘me & my family’</i>	ALL
Getting the economy growing and creating jobs	60%	Tackling the cost of living	69%
Controlling immigration	49%	Improving the NHS	54%
Improving the NHS	42%	Getting the economy growing and creating jobs	49%
Tackling the cost of living	42%	Controlling immigration	32%
Cutting the deficit and the debt	31%	Cutting the deficit and the debt	22%
Reforming welfare to cut benefit dependency	26%	Dealing with crime	17%
Defending Britain's interests in Europe	19%	Improving schools	16%
Dealing with crime	11%	Reforming welfare to cut benefit dependency	14%
Improving schools	10%	Defending Britain's interests in Europe	14%
Protecting the environment	9%	Protecting the environment	13%

Experience and perception

Nearly eight in ten poll respondents (79%) said they had used NHS services in the last six months, including 70% who had visited their GP, 29% who had received outpatient care and 14% who had visited A&E.

Borrowing a question from the NHS User Experience Survey, we found nearly three quarters (74%) of those who had experienced day surgery, inpatient care or A&E saying they would recommend the service they had received to their friends and family – including 40% who said they would be extremely likely to do so.

More widely, when asked to rate their experience of the NHS on a 0 to 10 scale, just over half (56%) of all respondents gave a score of 8/10 or above. However, when asked how good or bad they thought NHS services were in the country as a whole, the proportion awarding 8/10 or above fell to 30%. The proportions awarding high scores were higher on both counts in Scotland (61% and 45%) than in England (56% and 29%) or Wales (53% and 31%).

Conservative voters gave higher scores than other parties’ supporters both for their own experience and their perception of services across the country. UKIP voters were the most negative on both counts.

Which comes closer to your view?

The quality of service offered by the NHS is pretty much the same throughout the country	22%
The quality of service offered by the NHS varies significantly between different areas and different hospitals	78%

Perhaps not surprisingly, given the disparity between personal experience and wider perception, more than three quarters (78%) of people in our poll thought “the quality of service offered by the NHS varies significantly between different areas and different hospitals”; only 22% agreed with the alternative statement that the quality of NHS services is “pretty much the same throughout the country.”

Despite this, nearly three quarters (74%) of all respondents thought that overall, the NHS is “as good as or better than health services in most other European countries.”

Which comes closer to your view?

Overall the service offered by the NHS is as good as or better than health services in most other European countries	74%
Overall the service offered by health services in other European countries is better than that offered by the NHS	26%

Better or worse?

Four in ten poll respondents (41%) said they thought the amount of money spent on the NHS had risen over the last five years (including more than half of the Armchair Realist and Cautious Reformer segments). A quarter (24%) thought it had stayed about the same and just over one third (35%) thought spending had fallen (including a majority of the Concerned Status Quo segment).

Despite being more likely to think funding had risen than that it had fallen, the public were more likely to think the NHS had deteriorated than that it had improved. Only 15% thought the NHS generally had got better over the last five years, with 34% saying it had stayed about the same and more than half (51%, including 68% of Concerned Status Quo) saying it had got worse.

Over the last five years, has NHS funding...

Risen	41%
Stayed about the same	24%
Fallen	35%

Over the last five years, would you say the NHS generally has...

Got better	15%
Stayed about the same	34%
Got worse	51%

People were more positive about developments over the longer term, but were still split as to whether over the past 25 years the NHS had got better (42%) or worse (44%).

There was also a division over the future of the service, between those who expected the NHS generally to get better over the next five years (30%) or worse (34%), or to stay about the same (36%).

People were equally divided over the longer term future. Four in ten (40%) expected the NHS to get better over the next 25 years – but 41% said they thought either that it would get worse (26%) or disappear altogether (15%).

“It sort of works. It’s a bit like the tube system. It’s quite slow, it’s quite unreliable, but effectively it works. It trundles along”

Armchair Realists

“I think it’s got slightly worse, and I think I’d base that on not being able to get GP appointments quickly, and also just consistently in the news now about the A&E and the stress that they’re under.”

Founding Idealists

“When they specialise in something they are good. But when you go to some general hospitals the one sends you to another like ping-pong. You can spend weeks and months trying to find someone to tell you what’s wrong with you.”

Armchair Realists

These judgments were, for the most part, based on news coverage of the NHS – both local and national. Respondents at our qualitative event spoke about unit closures near to them and national news about waiting lists and standards of care. From these stories they extrapolated an uneasy future for the health service.

What needs fixing?

What, then, are the biggest problems people see in the NHS? We asked poll respondents to rate a number of reported issues on a scale from zero (“not a problem at all”) to ten (“a very big problem indeed”).

The biggest perceived problem, by a clear margin, was “too much being spent on management and bureaucracy” (8.21/10). Patients being denied drugs or treatment because of cost (7.6), staff shortages (7.48), variations in standards between areas and hospitals (7.45), and hospital closures and other cuts (7.4) followed.

Trouble getting a GP or other appointment at a convenient time (6.87) ranked below low pay for NHS staff (7.05). The quality of nursing care (6.0) was the least likely to be seen as a serious problem among the eleven issues tested

How big a problem do you think each of the following is for the NHS today?

0 = not a problem at all, 10 = a very big problem indeed

Too much being spent on management and bureaucracy	8.21
Patients being denied drugs or treatments that could help them, because of cost	7.60
Shortages of doctors, nurses and other clinical staff	7.48
Variation in standards of care and treatment between different hospitals and areas of the country	7.45
Hospital closures and other cuts	7.40
Waiting times between diagnosis and treatment	7.15
Low pay for NHS staff	7.05

Trouble getting GP or other appointments at a convenient time	6.87
Standards of cleanliness of hospitals	6.45
Patients not being informed or involved in decisions about their own treatment	6.26
The quality of nursing care provided in the NHS hospitals	6.00

Whom do we believe?

Though people's opinions about the NHS were strongly held, the qualitative research event suggested that these were largely impressionistic and based at best on anecdotal evidence. For example, most participants did not realise that NHS spending had doubled in real terms under the last government; greatly overestimated the proportion of NHS staff who were managers or administrators, and the cost to the NHS of "health tourism"; and were surprised to learn from our expert panel that around nine in ten prescriptions were free, or that most GPs were self-employed.

Separately, we asked people how much they trusted different sources for information on how the NHS was currently performing. All the most trusted sources included direct contact or first hand accounts. Personal experience was rated the most reliable source (8.1/10), followed by friends and relatives working in the NHS (7.64), friends and family who had recently used it (7.5), and "your GP" (6.84).

Outside the sphere of personal contact, "organisations like the Royal College of Surgeons or the Royal College of Nursing" (6.76) were the most trusted – and considerably more so than "unions like UNISON and Unite" (5.21). Qualitatively, when pressed on why they so trusted the views of NHS staff, we found people did not tend to think of them as a vested interest – simply as better informed.

"There's a lot of resistance from staff in the NHS because I think sometimes changes are being recommended and consultants are against the changes because they know they're not going to work. Their primary concern is to provide a first class service."

Founding Idealists

The media were slightly more trusted than the politicians – broadcasters more than newspapers, and local more than national (indeed at 4.85 national newspapers rated below health unions). Among the politicians, "your local MP" (4.71) ranked just above Andy Burnham (4.55), who was slightly more trusted to tell the truth about the NHS than David Cameron (4.09). Jeremy Hunt, the Health Secretary, received the lowest score (4.01).

How much do you trust the following to tell you the truth about how the NHS is performing?

0 = not at all, 10 = completely

Your own personal experience	8.10
Friends or relatives who work in the NHS	7.64
Family and friends who have recently used the NHS services	7.50
Your GP	6.84
Organisations like the Royal College of Surgeons or the Royal Collage of Nursing	6.76
Local TV or radio news	5.52
National TV or radio news	5.39
Local newspapers	5.35
Unions like UNISON and Unite	5.21
National newspapers	4.85
Your local MP	4.71
Andy Burnham, the Labour Shadow Health Secretary	4.55
David Cameron	4.09
Jeremy Hunt, the Conservative Health Secretary	4.01

Poll respondents were shown a number of comments about the NHS, both positive and negative, from prominent individuals and organisations (though they were not told who had made them). Respondents were asked whether they agreed or disagreed with each.

The two that attracted the most agreement reflect the mixture of pride and concern over the NHS found throughout the research. There was almost equal agreement that “the NHS is one of the greatest health services in the world” (74%) and that “the NHS is very much under strain. Waiting times for elective care are going up, the four-hour A&E target is deteriorating and hospitals’ ability to get patients through properly is being affected (75%). It was notable that 80% of those aged 55 and over agreed that the NHS is one of the greatest health services in the world, compared with 64% 18 to 24 year-olds.

People were less ready to agree with more apocalyptic statements. Just over two thirds (69%) agreed with Andy Burnham (though without knowing he had said it) that the NHS “is heading for the rocks and we urgently need a plan to turn things around”, but only 45% agreed with Unite the Union that “David Cameron is wrecking our NHS” and three in ten agreed with Dr Dai Samuel, Chair of the BMA Welsh Junior Doctors Committee who said “Looking at how bad the health service is, I would not want to be a patient”.

The lowest levels of agreement, however, were for statements suggesting the NHS had never been better. Only just over one in five (22%) agreed that “the NHS has more doctors and more nurses than ever before” or that “fewer people than ever are waiting long periods for their operations” – both extracts from Jeremy Hunt’s Conservative Conference speech in October 2014, though respondents were not told this.

Rights and responsibilities

Too many users, not enough payers?

One of the most hotly debated areas of our research was the extent to which people had responsibilities as well as rights in respect of NHS services – and indeed what those rights were and how far they extended.

For one of the segments, the Armchair Realists, one of the main problems for the NHS was that people's expectations outweighed what it was realistically able to provide. For two others – Cautious Reformers and Entitlement Protection – this was also a big problem, but one that could be alleviated were it not for another: that "too many people are using the NHS who have not paid into it" (which they rated at 9.37 and 9.18 out of ten respectively, making them the most serious long term problems facing the NHS for these segments).

This was part of the wider view among these segments that immigration was the most important issue facing Britain. For them, controlling immigration and reforming welfare would produce a fairer balance between contribution and benefit, as well as freeing up more resources for the NHS overall.

As well as concern about the numbers of people apparently using the NHS without having helped to pay for it, there was anger about those who abused the service, particularly by failing to turn up for GP appointments. The poll found nearly four fifths (79%) saying the government should consider charging people for missed appointments as a way of raising extra funding.

Qualitatively, there was particularly strong support for this idea among those who had endured a long wait to see their GP or to be referred to another service – though some were more circumspect when others raised practical objections, such as the cost of collecting the "fines".

More weight, wait more?

Among the most controversial questions was whether people should be rewarded for taking steps to protect or improve their health or (depending on the participant's outlook) punished for bad lifestyle choices.

Our poll found an even divide on this question: 48% agreed with the statement "patients who need treatment because they smoke, drink too much alcohol or are obese should have lower priority than those who are ill through no fault of their own", while 52% preferred "everybody should have the same entitlement to NHS services irrespective of why they need treatment".

Which comes closer to your view?

Patients who need treatment because they smoke, drink too much alcohol or are obese should have lower priority than those who are ill through no fault of their own	48%
Everybody should have the same entitlement to NHS services irrespective of why they need treatment	52%

Despite this split among the population as a whole there were clear differences between different groups. While men were exactly divided, women favoured the second statement by 54% to 46%. While majorities of the youngest (18-24) and oldest (65+) participants preferred the first statement,

those aged 45 to 54 chose the second by 59% to 41%. More than half (52%) of those in social group AB chose the first statement, compared to only 41% in social group DE.

It was also notable that Conservative voters preferred the first statement by 57% to 43%, while Labour voters favoured the second by 62% to 38%.

Qualitatively, both camps claimed fairness was on their side: it was not fair to demand scarce resources because of your own bad decisions – but it was not fair to deny people a supposedly universal service they had paid for through their taxes. Even so, lifestyle and diet were recognised as major factors. Many felt food manufacturers in particular had more responsibility in this area than individuals and called for statutory limits on salt, sugar and fat in processed foods, or higher taxes for offending companies.

“It needs to be fairer to stop people from abusing the system. Having paid in, it doesn’t feel right that people are ripping it off.”

Entitlement Protection

“I think there’s all sorts of abuse. If you fall down drunk in Leicester Square and have to go to A&E I think you should be charged because you’ve brought that on yourself.”

Founding Idealists

“We already pay taxes. We pay taxes on smoking, eating... everything we do, we pay taxes.”

Concerned Status Quo

“It would be like saying people shouldn't be allowed to skateboard or roller-skate in case they fall over and break their leg. Where do you stop .”

Armchair Realists

“We don’t expect them to be like a nanny state, but they should at least punish the supermarkets for selling us all this crap... The same as you can’t put poisons in food, you shouldn’t be able to put an excess of sugar or salt or fat in food.”

Armchair Realists

A new settlement?

The need for change

As described above, our poll found people more likely than not to think NHS funding had increased in the last five years, but also more likely than not to think the NHS had got worse rather than better over that time.

In our qualitative research, most people were startled to hear that NHS funding had doubled under the previous government given the pressure they believed the service to be under. For many this was a compelling argument that sustaining and improving the NHS was not just a matter of money.

This view is widely held among the population. Asked how serious they thought a number of long term issues were for the NHS, participants ranked the idea that “not enough money is being spent on it” fourth out of seven.

The clear winner was “too much waste and bureaucracy”, which was thought an even more serious problem than that “an ageing population and new expensive treatments will make it harder for the NHS to provide free care for everybody who needs it”. The next biggest perceived problem was that “governments keep interfering rather than leaving things to the professionals who know best”.

How big a problem do you think each of the following issues is for the NHS?

0 = not a problem at all, 10 = a very big problem indeed

There is too much waste and bureaucracy	8.14
An ageing population and new expensive treatments will make it harder for the NHS to provide free care for everybody who needs it	7.65
Governments keep interfering rather than leaving things to the professionals who know best	7.43
Not enough money is being spent on it	7.40
Too many people are using the NHS who have not paid into it	7.38
People's expectations of the NHS outweigh what it is realistically able to provide	6.86
The NHS tries to do too much	5.67

Though only in fourth place overall, lack of funding was rated the most serious issue by the Concerned Status Quo segment (8.94), but only sixth out of seven by Armchair Realists (6.49) and Cautious Reformers (7.09). Labour voters also saw it as the single biggest long term problem.

As noted in the previous section there were also significant differences between groups on the next issue, the contention that “too many people are using the NHS who have not paid into it”. The Cautious Reformer and Entitlement Protection segments saw this as the most important problem facing the NHS (rating it 9.37 and 9.18 respectively), while the Founding Idealists ranked it in sixth place with 5.99. Respondents aged 65+ (8.03) saw this as a much more serious problem than did those aged 18 to 24 (5.97).

Personal priorities

Respondents in our poll were asked how important or unimportant they considered ten different aspects of health care. “High standards of medical treatment” topped the list, with nearly four fifths saying this was very important, followed by “being confident that the treatment you are getting is the best available”.

It was notable that “being informed and being involved in decisions about your treatment” were more likely to be rated very important than “clean and comfortable surroundings” and “good and attentive nursing care”, and twice as likely to be rated very important as “being treated near your home”. This was corroborated by the qualitative research, where respondents recalled anxieties about delayed test results, unclear processes and feelings of powerlessness.

How important or unimportant is each of the following things when it comes to health care? % saying “very important”

High standards of medical treatment	79%
Being confident that the treatment you are getting is the best available	71%
Being kept informed and being involved in decisions about your treatment	69%
Clean and comfortable surroundings	65%
Good and attentive nursing care	65%
Being treated at a hospital or health centre that is rated highly by independent inspectors	40%
Fast treatment at your convenience	37%
Being treated near your home	35%
Being able to choose where you are treated	26%
Being treated by a doctor of your choice	19%

Convenience and choice were largely regarded as secondary to these factors. “Fast treatment at your convenience”, “being treated near your home”, “being able to choose where you are treated” and “being treated by a doctor of your choice” were all, unlike the factors further up the list, more likely to be rated “fairly important” than “very important”.

However, women (30%) were more likely than men (21%) to say it was very important to be able to choose where you are treated and by which doctor (23% v. 16%).

There was little difference between segments or other groups on the relative importance of these ten factors. How to achieve them was a different matter.

Funding

As discussed above, many people did not think the problems of the NHS were mainly financial, and overall people felt that bureaucracy and waste were bigger issues than underfunding. Even so, when asked in the poll to rate on a ten-point scale the seriousness of different problems facing the NHS, more than half (54%) gave a score of eight or above for the statement “not enough is being spent on it”.

Respondents were shown thirteen suggestions for helping the NHS to meet the shortfall, and asked whether or not the government should consider introducing them.

Charging for missed GP appointments was by far the most popular suggestion, with nearly four fifths saying the government should consider it (including 34% saying they should “definitely” consider it, significantly higher than for any other suggestion).

“In the ten years to 2010 we put 100% more money in, doubled it, and what happened post-2007 means that kind of expenditure isn’t tenable any more.”

Armchair Realists

More than three quarters favoured making bigger cuts in other areas of government spending (though only 25% said this should definitely be considered) and nearly seven in ten supported reducing costs by cutting non-clinical staff – reflecting their view that too much is wasted on bureaucracy (though as we found in the qualitative research, many overestimate the number of management and administrative staff as a proportion of the whole).

***Which of the following should the government consider to help fund the NHS in the future?
% saying should “definitely” or “probably” consider***

Charging for missed GP appointments	79%
Making bigger cuts in other areas of government spending	77%
Reducing costs in the NHS by cutting back on non-clinical staff	68%
Using more private companies when they can provide high quality services more cheaply	57%
Introducing charges for some NHS treatments	50%
Borrowing more, or reducing the deficit more slowly	48%
Re-introduce prescription charges (Scotland & Wales)	46%
Asking everyone to pay into an insurance scheme to cover their future healthcare needs	42%
Raising taxes for most people	40%
Closing some local hospitals to consolidate services into bigger, more efficient units with expert staff	36%
Reducing the range of NHS services and concentrating on emergencies and very serious conditions	30%
Raise prescription charges (respondents in England)	29%
Holding down pay for NHS staff	22%

Only just over half say the government should consider (and only 14% that it should definitely consider) using more private companies “when they can provide services more cheaply”. Here there is significant variation between segments: 70% of Cautious Reformers and 67% of Armchair Realists think this idea should be considered (as do three quarters of Conservative voters), compared to 39% of the Concerned Status Quo segment and 45% of Labour voters. (The role of private providers is discussed in more detail below).

In Scotland and Wales, nearly half (including two thirds of Conservative voters, but only 33% of SNP supporters) would be willing to consider the re-introduction of prescription charges – though only 29% in England think the government should consider raising the current cost of prescriptions.

The least popular suggestion of all was “holding down pay for NHS staff”, which only 4% of respondents said the government should definitely consider.

Bringing all funding for the NHS together into a single, ring-fenced fund paid for by a hypothecated “NHS tax” was raised by all groups at some point during our day-long research event. The appeal of this idea stemmed from a belief that this would make it easier to hold to account officials and politicians for the way in which they spend money within the health service. However, participants were not enthusiastic about raising *additional* funding for the NHS either via taxation or charging for services.

Nonetheless, all were keen to know more about where their tax money was going. It was clear that Government’s recent new Annual Tax Summary, detailing how much tax an individual pays and how it is spent, had not yet reached the forefront of their consciousness.

“Yes, we need more money to save the NHS, and I would be willing to pay more to save the NHS. But I have no idea from my taxes how much goes to the NHS.”

Cautious Reformers

Private providers

In our poll nearly four fifths (79%) of the public agreed with the statement “it is fine for the NHS to provide private companies to patients as long as they meet NHS standards, the cost to the NHS is the same or lower, and services remain free at the point of use to patients”. The remaining 21% preferred the alternative: “private companies should not be allowed to provide NHS services even if this would save money and improve treatment for patients”.

The qualitative research found that many were suspicious of the private sector in health care and doubted that providers could in fact do things more efficiently or to an equal or higher standard. But it is striking that more than a fifth of the population – including 41% of the Founding Idealists segment and nearly one third (31%) of Labour voters – said they opposed the use of private providers *even if this would save money and improve treatment*.

As seen in the previous section, nearly half the population would be reluctant to see greater use of private providers *even when they can provide high quality services more cheaply*.

Which statement comes closest to your view?

It is fine for the NHS to use private companies to provide services to patients as long as they meet NHS standards, the cost to the NHS is the same or lower, and services remain free at the point of use to patients	79%
Private companies should not be allowed to provide NHS services even if this would save money and improve treatment for patients	21%

Another poll question sheds further light on this attitude. Respondents were asked to suppose that a particular operation costs £1,000 to do in an NHS hospital and £700 to do in a private hospital. If the NHS locally decided to send someone to have the operation in the private hospital, paid for by the NHS, would they think of this as a £300 saving for the NHS, or £700 leaving the NHS and going to the private sector?

More than a quarter (27%) said they would think of it as £700 leaving the NHS, including 39% of the Concerned Status Quo segment and more than one third (36%) of Labour voters.

Even those who supported the use of private providers often did so reluctantly and only weakly. Many were suspicious that too much outsourcing would change the nature of the NHS and make it unrecognisable, worried about accountability, and concerned that private companies would ultimately be concerned above all about profit rather than the wellbeing of patients.

“If private companies come along offering their services more cheaply that is going to undermine the level of pay that the NHS staff receives so I’m against that for that reason.”

Founding Idealists

“If you have private companies running some of our hospitals, the PFI and so on, or who are carrying out services – you just don’t know how much is actually being used by them for their shareholders.”

Founding Idealists

How to raise standards?

We found considerable differences in view over the best way to maintain and improve standards in the NHS, especially over the role of information, choice, where decisions should be made and who should make them.

The public were ambivalent about the value of publishing detailed information about the performance of individual hospitals or surgeons, including survival rates for serious conditions and procedures. Just over half (54%) thought such information would “raise standards and enable patients to make more informed choices”; 46% thought it “might be misunderstood by patients and lead them to make choices that are not right for them”.

Many were also doubtful about the role of choice in raising standards throughout the NHS, as opposed to the imposition of central targets. Four in ten agreed the best way to raise standards in the NHS was “for patients to choose where to be treated, so hospitals have an incentive to innovate and provide the best possible care”. Six in ten thought the best way was for “the government to set standards and targets that all hospitals must meet”. Majorities of all parties’ supporters, and all segments including the most reform-minded, preferred targets over choice as a way of raising standards.

“I’ve had the choice and I just chose the one that was nearer to me.”

Cautious Reformers

“As long as hospitals offer the same goods you wouldn’t need to choose.”

Founding Idealists

Qualitatively, we found that people often remained unconvinced about the value of choice even after extensive conversations in which they explained why they had chosen their particular GP surgery or avoided a particular maternity ward.

Which statement comes closest to your view?

The best way to raise standards in the NHS is for patients to choose where to be treated, so hospitals have an incentive to innovate and provide the best possible care	40%
The best way to raise standards in the NHS is for the government to set standards and targets that all hospitals must meet	60%

This reluctance to rely on choice and local innovation to drive up standards partly reflects people's concern that standards should always be consistent throughout the country. Only 28% overall agreed that "people receiving different levels of care in different parts of the country above a certain minimum is a price worth paying if it ends up leading to an improvement in standards overall. The remaining 72% thought "it is more important that people receive the same level of care wherever they live in the country, even if this means standards improve more slowly".

As described above, "variations in standards of care and treatment between different hospitals and areas of the country" was rated as the fourth biggest problem for the NHS, ahead of closures and cuts and long waiting times between diagnosis and treatment.

"There's a sense that we're all equal for the NHS. We have to queue up in the same way."

Armchair Realists

"In any other area of life I imagine people would be prepared to take a more radical approach, but because it's to do with health people are unprepared for it getting worse before it gets better in the long run. People won't be brave in that area even though it might be, perhaps, the right thing to do."

Armchair Realists

Yet despite this desire for consistency, a majority of the public said they would prefer decisions about NHS provision to be made at a local level, and by health professionals rather than accountable politicians.

Which statement comes closest to your view?

Decisions about how NHS services are provided should be made at a local level to ensure the needs of each particular area are met	57%
Decisions about how NHS services are provided should be made at a national level to ensure provision is consistent throughout the country	43%

More than half (57%), including a majority of all segments and party supporters, agreed that "decisions about how NHS services are provided should be made at a local level to ensure the needs of each particular area are met"; only a minority thought such decisions should be "made at a national level to ensure provision is consistent throughout the country".

Meanwhile, only 15% thought decisions about how NHS services are provided should be made "by elected politicians who are accountable to the public" (though this includes 41% of the Founding

Idealists segment); the great majority (85%) thought they should be made “by doctors and other health professionals”.

The core of the NHS

The fact that most people in our research agreed that the NHS faced serious challenges did not mean there was any consensus about the kind of change that was necessary, or indeed whether big changes were needed at all.

Participants in our qualitative research spoke about the NHS as “the soul of Britain”. Discussions about the practicalities of reform could not be disentangled from people’s emotional attachment to the institution. For that reason, even among the segments most critical of the NHS, there were deep reservations about making big changes to the system as it currently stands.

“I think it’s a reflection of us as a society. We care about each other.”

Armchair Realists

“It’s a bond isn’t it and if you break one part of that bond that bond is broken... it’s supposed to be cradle to grave and free at the point of use, end of story.”

Founding Idealist

So if people cannot agree on what needs to change in order to sustain and improve the health service, can we arrive at a consensus on what needs to stay the same – the core features of the NHS that are not negotiable under any reform programme?

To explore this question we asked our qualitative participants to take part in a “balloon debate”. Each table was given a deck of cards showing a series of what might be regarded as ideal features of the NHS.

Out of hours services Free social care
Treatment for minor ailments
Physiotherapy and rehabilitation
Treatment by the doctor of my choice Preventative treatment
Equal priority to treatment regardless of lifestyle Free prescriptions for the elderly
No use of private sector providers to deliver NHS care
Free food during inpatient stay New drugs made available quickly regardless of cost
Treatment at the hospital of my choice
No charges – free at the point of use Emergency treatment
Offer the most advanced treatment available
Free prescriptions for under-18s
Treatment for the terminally ill
Free parking at hospitals

The groups were asked to discard these one at a time, in order of their dispensability, until they had reached what they regarded as the essential features of the NHS.

Clearly this can only be an indicative exercise, since it involves a relatively small sample of 80 people, and it is somewhat artificial since reform would not happen this way in reality. The results are instructive nevertheless.

Choice was among the first elements to be discarded by all five segments of opinion (though “free parking at hospitals” was often the first thing to be abandoned, despite continual complaints about parking charges). Choice of doctor was usually relinquished before choice of hospital, but for most groups this followed soon after.

The groups were divided over two interesting features. “Equal priority regardless of lifestyle” was among the first features to be discarded by the Cautious Reformer and Entitlement Protection segments, which the poll found to be the most ready to give lower priority to those who needed treatment because of smoking, drinking or obesity. However, it remained on the board for much longer with the Concerned Status Quo and Armchair Realists segments.

Similarly, offering “the most advanced treatment available” was among the most important features for the Concerned Status Quo and Armchair Realists, but was abandoned early in the process by the Founding Idealists segment, whose choices suggested a focus on inclusiveness rather than outcomes.

For all segments, the two final features that represented the core of the NHS were emergency treatment and that services should be free at the point of use. Overall, treatment for the terminally ill and preventative treatment were next .

The full list is as follows, in descending order of importance: those at the top of the list were the first to be discarded.

Free parking at hospitals
Treatment by the doctor of your choice
Treatment at the hospital of your choice
Free prescriptions for under 18s
Out-of-hours services
Equal priority regardless of lifestyle
No use of private sector providers
Free food during inpatient stay
Physiotherapy and rehabilitation
New drugs made available quickly regardless of cost
Free social care
Free prescriptions for the elderly
Offers the most advanced treatment available
Preventative treatment
Treatment for the terminally ill
No charges – free at the point of use
Emergency treatment

What they expect to happen

Having asked the poll respondents what they thought the government ought to consider, we asked what they expected to have happened in the NHS in ten years' time.

Only just over half (58%) said they thought the NHS "will continue to offer a full range of health services to everyone, to a high standard". Conservative voters (67%) were the most optimistic on this score; fewer than half (49%) of UKIP voters thought this was likely.

How likely is each of these things to happen in the next 10 years? % saying "very" or "fairly" likely

More private providers will be used to provide NHS services	86%
Charges will be introduced for some NHS treatment	77%
The NHS will continue to offer a full range of health services to everyone, to a high standard	58%
The NHS will only cover emergencies and very serious conditions, with other treatments being paid for through insurance or charges	44%

Despite their reservations, nearly nine out of ten people expected more private providers to be used to provide NHS services, with little variation between segments or groups of party supporters. Nearly three quarters expected charges to have been introduced for some NHS treatments.

More than two fifths (44%) thought it possible that the NHS would by then only cover emergencies and very serious conditions, with other treatments paid for through insurance or charges.

The list was dominated by “cuts”, “poor” and, particularly, “privatisation”. In our qualitative research we found that although many knew that the last Labour government had encouraged the use of more private providers, the Tories were thought to have an ideological preference for privatisation and would pursue the policy irrespective of whether it was good for patients (possibly even because Tories would have ties to people who stood to profit from private contracts with the NHS).

This attitude is further illustrated by people’s assumptions about the motives for the coalition government’s NHS reforms.

What do you think were the government’s main motivations for its NHS reforms?
[Tick all that apply]

To save money	50%
To improve the NHS	33%
To tackle poor performance in the NHS	33%
To make the NHS more sustainable in the long term	30%
They are part of a plan to privatise the NHS	30%
To cut wasteful bureaucracy	26%
To shift power from NHS managers to doctors and nurses	21%
To introduce charges for NHS services	20%
To get more money to frontline services in the NHS	19%
To give more choice and control to patients	19%
To make patient care in the NHS more personalised	13%

Half the public said they thought one of the main reasons behind the reforms had been to save money, while three in ten (including 45% of Labour voters) thought they were part of a plan to privatise the NHS – many more than thought the reforms aimed to get more money to the front line, give more choice and control to patients or make patient care more personalised. (Conservative voters saw the main motivations as improving the NHS, making it more sustainable, cutting bureaucracy – and saving money).

Only 28% of Conservative voters say the NHS is one of the most important issues facing the country (42% overall) but 46% name it among the top three for themselves and their family (54% overall), making it the third most important issue for them on this score after the cost of living and the economy.

Tories are no more or less likely than others to have used the NHS in the last six months but they are more likely than average to have private health insurance (22%, compared to 15% overall).

Conservative voters are also more likely than average to say they would recommend the NHS service they had received to friends and family (83% compared to 74% overall), and are nearly twice as likely as the population as a whole to think the NHS has got better over the last five years (28% compared to 15% overall).

Tories are also more optimistic about the NHS: 43% say they think it will get better over the next five years (30% overall) and they are the only group among whom a majority think the service will improve in the next 25 years (53%, compared to 40% of the general population).

Conservative voters are more likely than most to say the problems of the NHS include too many people using it who have not paid in, and that people’s expectations outweigh what it is realistically

able to provide. They are the least likely of all to say the main problem is that not enough money is being spent.

They were also more willing than average to consider most of the measures suggested for cutting costs or raising funds – especially using more private providers and introducing some charges. They were less likely than the population as a whole to favour increased borrowing or higher taxes.

The Liberal Democrats



Participants in both our qualitative and quantitative research were unable to identify a distinctive Liberal Democrat approach to the NHS. Some did think their aim would be “caring” or to “improve it”, and indeed both the Lib Dems and Nick Clegg were thought to care marginally more about the issue than the Conservatives and David Cameron. However, the assumption for many was that being in coalition they would be “the same as the Conservatives”.

Lib Dem voters generally took a more benign view of the coalition's health reforms than others. Though they were more likely than most to think saving money was one of the main motivations, they were slightly less likely than average to think of them as part of a privatisation plan.

Lib Dems mirror the country as a whole when it comes to the priority they place on the NHS both for the country and for themselves and their family, their use of NHS services and their willingness to recommend them to their family and friends. They are almost as likely as Conservative voters to have private health insurance (21%, compared to 15% overall).

Lib Dem supporters are slightly more likely than average to think NHS funding has risen over the last five years and to think the NHS has improved over that time, and again reflect the general population's view on the prospects for the service over the next five and 25 years.

They are the only group for whom an ageing population and new and expensive treatments are a more serious issue than waste and bureaucracy, and they are the least likely of any voter group to cite too many people using the NHS without having paid in. They are more likely than average to favour raising taxes in order to increase NHS funding.

Full poll results

20,011 adults in Great Britain were interviewed online between 14 and 24 November 2014. Data have been weighted to be representative of all adults in Great Britain.

Data for each segment of the population appear under the following headings. Full descriptions of each segment can be found on page 7.

CSQ	Concerned Status Quo
AR	Armchair Realists
CR	Cautious Reformers
FI	Founding Idealists
EP	Entitlement Protection

1. Which of the following do you think is the most important issue facing Britain as a whole / you and your family?

% naming top three – ‘Britain as a whole’	ALL	% naming top three – ‘me & my family’	ALL
Getting the economy growing and creating jobs	60%	Tackling the cost of living	69%
Controlling immigration	49%	Improving the NHS	54%
Improving the NHS	42%	Getting the economy growing and creating jobs	49%
Tackling the cost of living	42%	Controlling immigration	32%
Cutting the deficit and the debt	31%	Cutting the deficit and the debt	22%
Reforming welfare to cut benefit dependency	26%	Dealing with crime	17%
Defending Britain's interests in Europe	19%	Improving schools	16%
Dealing with crime	11%	Reforming welfare to cut benefit dependency	14%
Improving schools	10%	Defending Britain's interests in Europe	14%
Protecting the environment	9%	Protecting the environment	13%

% naming top three – ‘Britain as a whole’	ALL	CSQ	AR	CR	FI	EP
Getting the economy growing and creating jobs	60%	60%	86%	59%	51%	24%
Controlling immigration	49%	43%	7%	91%	36%	100%
Improving the NHS	42%	75%	25%	16%	44%	38%
Tackling the cost of living	42%	64%	36%	14%	51%	31%
Cutting the deficit and the debt	31%	7%	68%	37%	23%	11%
Reforming welfare to cut benefit dependency	26%	6%	39%	44%	18%	31%
Defending Britain's interests in Europe	19%	8%	20%	35%	13%	30%
Dealing with crime	11%	8%	3%	2%	30%	26%
Improving schools	10%	15%	7%	0%	22%	4%
Protecting the environment	9%	14%	8%	1%	13%	3%

<i>% naming top three – ‘me & my family’</i>	ALL	CSQ	AR	CR	FI	EP
Tackling the cost of living	69%	81%	68%	59%	69%	63%
Improving the NHS	54%	72%	48%	41%	49%	48%
Getting the economy growing and creating jobs	49%	50%	62%	45%	47%	31%
Controlling immigration	32%	26%	12%	56%	22%	60%
Cutting the deficit and the debt	22%	10%	38%	26%	21%	14%
Dealing with crime	17%	14%	12%	12%	27%	28%
Improving schools	16%	18%	15%	7%	25%	13%
Reforming welfare to cut benefit dependency	14%	7%	16%	23%	14%	16%
Defending Britain's interests in Europe	14%	6%	15%	25%	10%	19%
Protecting the environment	13%	17%	15%	6%	16%	8%

<i>% naming top three – ‘Britain as a whole’</i>	ALL	Con voters	Lab voters	LD voters	UKIP voters
Getting the economy growing and creating jobs	60%	65%	65%	66%	45%
Controlling immigration	49%	38%	38%	26%	87%
Improving the NHS	42%	28%	57%	44%	33%
Tackling the cost of living	42%	21%	56%	39%	29%
Cutting the deficit and the debt	31%	50%	22%	40%	24%
Reforming welfare to cut benefit dependency	26%	39%	17%	25%	31%
Defending Britain's interests in Europe	19%	29%	12%	15%	35%
Dealing with crime	11%	8%	12%	11%	11%
Improving schools	10%	5%	13%	17%	3%
Protecting the environment	9%	4%	9%	17%	3%

<i>% naming top three – ‘me & my family’</i>	ALL	Con voters	Lab voters	LD voters	UKIP voters
Tackling the cost of living	69%	57%	77%	68%	61%
Improving the NHS	54%	46%	62%	56%	46%
Getting the economy growing and creating jobs	49%	49%	55%	52%	38%
Controlling immigration	32%	36%	22%	16%	64%
Cutting the deficit and the debt	22%	32%	16%	27%	18%
Dealing with crime	17%	16%	18%	16%	16%
Improving schools	16%	13%	19%	18%	8%
Reforming welfare to cut benefit dependency	14%	20%	10%	13%	19%
Defending Britain's interests in Europe	14%	22%	8%	12%	24%
Protecting the environment	13%	8%	13%	23%	6%

2. Which party do you think would have the best approach to each of the following issues – the Conservatives, Labour, the Liberal Democrats or UKIP?

	Cons	Labour	Lib Dems	UKIP
Getting the economy growing and creating jobs	41%	38%	8%	13%
Controlling immigration	23%	22%	7%	48%
Improving the NHS	29%	47%	12%	12%
Tackling the cost of living	33%	44%	10%	13%
Cutting the deficit and the debt	49%	30%	8%	12%
Reforming welfare to cut benefit dependency	45%	30%	10%	16%
Defending Britain's interests in Europe	32%	28%	9%	31%
Dealing with crime	40%	33%	9%	18%
Improving schools	32%	42%	15%	12%
Protecting the environment	24%	30%	34%	12%

3. On a scale of 0 to 10, how important do you think protecting and improving the NHS is to each of the following – where 0 means they think it is not important at all, and 10 means they think it is extremely important?

Mean scores out of 10	ALL	CSQ	AR	CR	FI	EP
The SNP (Scotland only)	7.04	7.56	6.88	6.89	6.55	6.64
The Labour Party	6.69	7.23	7.02	6.25	6.37	5.91
Ed Miliband	6.24	6.72	6.60	5.83	5.93	5.49
Plaid Cymru (Wales only)	5.92	6.33	6.06	5.62	5.67	5.26
The Liberal Democrats	5.63	5.22	6.43	5.71	5.5	5.01
Nick Clegg	5.42	4.88	6.24	5.57	5.37	4.85
David Cameron	5.34	3.82	6.17	6.49	5.33	5.37
The Conservative Party	5.30	3.78	6.06	6.49	5.26	5.43
UKIP	4.61	3.83	4.16	5.63	4.68	5.68
Nigel Farage	4.46	3.61	4.07	5.5	4.60	5.42

Mean scores out of 10	ALL	Con voters	Lab voters	LD voters	UKIP voters
The Labour Party	6.69	6.33	8.32	6.86	5.62
Ed Miliband	6.24	5.96	7.81	6.52	5.19
The Liberal Democrats	5.63	6.28	5.36	7.66	4.86
Nick Clegg	5.42	6.24	5.17	7.19	4.66
David Cameron	5.34	7.78	4.08	5.76	5.07
The Conservative Party	5.30	7.78	3.97	5.54	5.13
UKIP	4.61	4.83	3.65	4.01	7.13
Nigel Farage	4.46	4.73	3.56	3.94	6.89

4. Which of the following health services have you personally used in the last six months as an NHS patient?

	ALL	CSQ	AR	CR	FI	EP
TOTAL: Any	79%	83%	76%	81%	74%	79%
Visited my GP	70%	75%	68%	73%	60%	70%
Outpatient care	29%	33%	27%	32%	21%	28%
Accident & emergency	14%	16%	12%	11%	16%	14%
Day surgery requiring you to stay in a bed for treatment or surgery	7%	8%	6%	7%	7%	6%
Inpatient care requiring you to stay in hospital overnight	6%	7%	5%	7%	7%	7%
NHS treatment or care delivered in your own home	5%	5%	3%	3%	8%	5%
Another service	12%	14%	13%	11%	8%	9%
None	21%	17%	24%	19%	26%	21%

- More women than men said they had had been an NHS patient in the last 6 months (82% vs. 75%).

	ALL	Con voters	Lab voters	LD voters	UKIP voters
TOTAL: Any	79%	79%	80%	80%	81%
Visited my GP	70%	70%	71%	69%	73%
Outpatient care	29%	29%	29%	28%	32%
Accident & emergency	14%	12%	15%	14%	13%
Day surgery requiring you to stay in a bed for treatment or surgery	7%	7%	8%	8%	8%
Inpatient care requiring you to stay in hospital overnight	6%	6%	8%	8%	6%
NHS treatment or care delivered in your own home	5%	4%	6%	7%	4%
Another service	12%	10%	11%	14%	11%
None	21%	21%	20%	20%	19%

5. Thinking about the place where you were treated most recently, how likely are you to recommend the service you received to friends and family if they needed similar care or treatment? [Base: All respondents who have had day surgery, inpatient care or A&E experience]

	ALL	CSQ	AR	CR	FI	EP
TOTAL: Likely	74%	74%	81%	80%	65%	71%
Extremely likely	40%	40%	45%	51%	29%	33%
Likely	35%	35%	37%	29%	36%	37%
Neither likely nor unlikely	15%	13%	13%	12%	22%	17%
Unlikely	6%	7%	3%	4%	8%	8%
Extremely unlikely	5%	6%	3%	4%	5%	5%
TOTAL: Unlikely	11%	12%	6%	8%	14%	13%

	ALL	Con voters	Lab voters	LD voters	UKIP voters
TOTAL: Likely	74%	83%	76%	75%	71%
Extremely likely	40%	49%	38%	46%	39%
Likely	35%	34%	38%	30%	31%
Neither likely nor unlikely	15%	9%	13%	15%	16%
Unlikely	6%	4%	6%	6%	6%
Extremely unlikely	5%	3%	5%	4%	7%
TOTAL: Unlikely	11%	8%	11%	10%	13%

6. How many times in the last six months have you used NHS services? [Base: All respondents who have used any NHS service in the last six months]

	ALL	CSQ	AR	CR	FI	EP
Once or twice	56%	49%	57%	57%	61%	59%
Three to six times	31%	34%	32%	30%	28%	29%
More than six times	13%	17%	11%	12%	11%	12%

7. Do you have private health insurance?

	ALL	CSQ	AR	CR	FI	EP
TOTAL: Yes	15%	9%	18%	14%	23%	14%
Yes, that I pay for myself	7%	3%	8%	7%	10%	6%
Yes, that is paid for by someone else in my family	2%	2%	3%	1%	5%	2%
Yes, through work	6%	4%	7%	5%	7%	6%
No	85%	91%	82%	86%	77%	86%

	ALL	Con voters	Lab voters	LD voters	UKIP voters
TOTAL: Yes	15%	22%	14%	21%	11%
Yes, that I pay for myself	7%	10%	7%	9%	5%
Yes, that is paid for by someone else in my family	2%	3%	2%	3%	1%
Yes, through work	6%	8%	5%	8%	5%
No	85%	78%	86%	79%	89%

8. On a scale of 0 to 10, how much would you trust each of the following to tell you the truth about how the NHS is currently performing overall – where 0 means you would not trust them at all and 10 means you would trust them completely?

Mean score out of 10	ALL	CSQ	AR	CR	FI	EP
Your own personal experience	8.1	8.39	8.2	8.41	7.19	8.05
Friends or relatives who work in the NHS	7.64	8.06	7.68	7.8	6.81	7.54
Family and friends who have recently used the NHS services	7.5	7.82	7.54	7.85	6.54	7.46
Your GP	6.84	7	6.97	7.06	6.3	6.65
Organisations like the Royal College of Surgeons or the Royal Collage of Nursing	6.76	7.19	6.81	6.87	6.01	6.51
Local TV or radio news	5.52	5.43	5.52	5.82	5.35	5.48
National TV or radio news	5.39	5.21	5.44	5.67	5.26	5.43
Local newspapers	5.35	5.21	5.32	5.7	5.18	5.39
Unions like UNISON and Unite	5.21	6.09	4.79	4.57	5.25	5.03
National newspapers	4.85	4.51	4.85	5.21	4.97	4.93
Your local MP	4.71	4.32	4.98	4.87	4.97	4.5
Andy Burnham, the Labour Shadow Health Secretary	4.55	4.86	4.57	4.09	4.86	4.07
David Cameron	4.09	2.65	4.78	4.99	4.44	4.13
Jeremy Hunt, the Conservative Health Secretary	4.01	2.58	4.68	4.84	4.43	4.0

9. Below are some things that people have said recently about the NHS. Please can you say whether you agree or disagree with each one? *[Interviewees were not told from whom each quote originated]*

% saying they 'strongly' or 'somewhat' agree	ALL	CSQ	AR	CR	FI	EP
"The NHS is very much under strain. Waiting times for elective care are going up, the four hour A&E target is deteriorating and hospitals' ability to get patients through properly is being affected" <i>(Dr Mark Porter, BMA Chairman)</i>	75%	84%	72%	81%	55%	79%
"The NHS is one of the greatest health services in the world" <i>(Dr Peter Carter, RCN Chief Executive)</i>	74%	79%	78%	78%	55%	71%
"The NHS can't carry on like this. It is heading for the rocks and we urgently need a plan to turn things around" <i>(Andy Burnham, Shadow Health Secretary)</i>	69%	78%	65%	76%	50%	73%
"David Cameron is wrecking our NHS" <i>(Unite the Union)</i>	45%	74%	29%	29%	37%	46%
"Looking at how bad the health service is, I would not want to be a patient" <i>(Dr Dai Samuel, Chair, BMA Welsh Junior Doctors Committee)</i>	30%	32%	22%	31%	32%	38%
"The NHS has more doctors and more nurses than ever before" <i>(Jeremy Hunt, Health Secretary)</i>	22%	12%	29%	25%	25%	18%
"Fewer people than ever are waiting long periods for their operations" <i>(Jeremy Hunt, Health Secretary)</i>	22%	17%	25%	24%	27%	21%

- 54% of DEs, compared to 38% of ABs think that "David Cameron is wrecking our NHS".
- 64% of 18-24 year olds think that the NHS is one of the greatest health services in the world, compared to 80% of those over the age of 55.

% saying they 'strongly' or 'somewhat' agree	ALL	Con voters	Lab voters	LD voters	UKIP voters
"The NHS is very much under strain. Waiting times for elective care are going up, the four hour A&E target is deteriorating and hospitals' ability to get patients through properly is being affected" (Dr Mark Porter, BMA Chairman)	75%	68%	79%	71%	84%
"The NHS is one of the greatest health services in the world" (Dr Peter Carter, RCN Chief Executive)	74%	78%	78%	74%	71%
"The NHS can't carry on like this. It is heading for the rocks and we urgently need a plan to turn things around" (Andy Burnham, Shadow Health Secretary)	69%	62%	73%	62%	81%
"David Cameron is wrecking our NHS" (Unite the Union)	45%	8%	71%	42%	52%
"Looking at how bad the health service is, I would not want to be a patient" (Dr Dai Samuel, Chair, BMA Welsh Junior Doctors Committee)	30%	23%	30%	24%	40%
"The NHS has more doctors and more nurses than ever before" (Jeremy Hunt, Health Secretary)	22%	34%	18%	27%	19%
"Fewer people than ever are waiting long periods for their operations" (Jeremy Hunt, Health Secretary)	22%	31%	22%	27%	18%

10. Based on the last time you personally used NHS services, how would you rate the quality of your experience on a scale of 0 to 10, where 0 means 'terrible' and 10 means 'excellent'?

Score out of 10	ALL	England	Scotland	Wales	CSQ	AR	CR	FI	EP
8-10	56%	56%	61%	53%	57%	62%	66%	39%	51%
4-7	38%	38%	34%	39%	37%	34%	29%	53%	39%
0-3	6%	6%	5%	8%	7%	4%	5%	8%	10%
Mean	7.39	7.38	7.53	7.23	7.41	7.7	7.8	6.68	7.06

- 76% of respondents aged 65+ scored their experience of the NHS between 8-10 compared to 36% of 16-24 year olds.
- 46% of respondents in London rated their experience between 8-10 compared to 61% in Scotland and 61% in the South West.

Score out of 10	ALL	Con voters	Lab voters	LD voters	UKIP voters
8-10	56%	67%	56%	59%	55%
4-7	38%	29%	38%	37%	37%
0-3	6%	4%	6%	4%	8%
Mean	7.39	7.88	7.40	7.62	7.27

11. On a scale of 0 to 10, how good or bad do you think NHS services currently are in England/ Scotland/ Wales as a whole, where 0 means 'terrible' and 10 means 'excellent'?

	ALL	England	Scotland	Wales	CSQ	AR	CR	FI	EP
8-10	30%	29%	45%	31%	28%	32%	33%	29%	29%
4-7	62%	64%	50%	53%	63%	63%	61%	62%	60%
0-3	8%	8%	5%	16%	9%	4%	7%	9%	12%
Mean	6.44	6.4	7.01	6.06	6.3	6.7	6.56	6.31	6.2

	ALL	Con voters	Lab voters	LD voters	UKIP voters
8-10	30%	38%	31%	34%	24%
4-7	62%	57%	61%	61%	64%
0-3	8%	4%	8%	5%	12%
Mean	6.44	6.86	6.50	6.73	6.04

12. How important or unimportant is each of the following things when it comes to health care and treatment?

<i>% saying 'very important'</i>	ALL	CSQ	AR	CR	FI	EP
High standards of medical treatment	79%	87%	83%	87%	53%	79%
Being confident that the treatment you are getting is the best available	71%	77%	71%	75%	46%	68%
Being kept informed and being involved in decisions about your treatment	69%	78%	71%	81%	48%	73%
Clean and comfortable surroundings	65%	72%	63%	73%	46%	69%
Good and attentive nursing care	65%	73%	65%	72%	43%	66%
Being treated at a hospital or health centre that is rated highly by independent inspectors	40%	43%	34%	47%	29%	46%
Fast treatment at your convenience	37%	39%	31%	41%	31%	43%
Being treated near your home	35%	40%	29%	40%	27%	42%
Being able to choose where you are treated	26%	27%	19%	28%	24%	34%
Being treated by a doctor of your choice	19%	21%	13%	21%	20%	26%

- Women were more likely than men to say it was very important to be able to choose where you are treated (30% v. 21%) and by which doctor (23% v. 16%).

13. Over the last five years, since 2010, would you say the amount of money spent on the NHS has...?

	ALL	CSQ	AR	CR	FI	EP
TOTAL: Risen	41%	24%	56%	58%	33%	36%
Risen significantly	14%	4%	21%	25%	9%	13%
Risen slightly	27%	19%	35%	33%	25%	23%
Stayed about the same	24%	21%	22%	19%	37%	26%
Fallen slightly	19%	25%	15%	14%	19%	21%
Fallen significantly	16%	30%	7%	10%	10%	17%
TOTAL: Fallen	35%	55%	22%	23%	30%	37%

- 62% of retired respondents believed that the amount of money spent on the NHS has risen in the last five years, compared to 37% of those working full time and 31% of those still in full time education.
- 47% of Labour loyalists think the amount of money spent has fallen, compared to 13% of Conservative loyalists.

	ALL	Con voters	Lab voters	LD voters	UKIP voters
TOTAL: Risen	41%	63%	29%	46%	45%
Risen significantly	14%	27%	7%	14%	18%
Risen slightly	27%	37%	23%	32%	27%
Stayed about the same	24%	20%	24%	27%	20%
Fallen slightly	19%	11%	24%	19%	16%
Fallen significantly	16%	5%	23%	9%	18%
TOTAL: Fallen	35%	16%	47%	27%	35%

14. Over the last 5 years, since 2010, would you say the NHS generally has...?

	ALL	CSQ	AR	CR	FI	EP
TOTAL: Got better	15%	8%	20%	17%	19%	13%
Got significantly better	2%	1%	2%	2%	3%	2%
Got slightly better	13%	7%	18%	15%	16%	11%
Stayed about the same	34%	24%	41%	31%	46%	32%
Got slightly worse	36%	43%	32%	38%	26%	36%
Got significantly worse	15%	25%	7%	14%	9%	19%
TOTAL: Got worse	51%	68%	39%	52%	35%	55%

	ALL	Con voters	Lab voters	LD voters	UKIP voters
TOTAL: Got better	15%	28%	11%	20%	11%
Got significantly better	2%	3%	2%	2%	1%
Got slightly better	13%	25%	9%	18%	9%
Stayed about the same	34%	39%	28%	40%	26%
Got slightly worse	36%	27%	41%	33%	41%
Got significantly worse	15%	6%	20%	8%	23%
TOTAL: Got worse	51%	33%	61%	41%	64%

15. Over the last 25 years, since 1989, would you say the NHS generally has...?

	ALL	CSQ	AR	CR	FI	EP
TOTAL: Got better	42%	38%	52%	41%	43%	34%
Got significantly better	17%	15%	23%	18%	15%	13%
Got slightly better	25%	23%	29%	23%	27%	21%
Stayed about the same	14%	11%	12%	10%	28%	12%
Got slightly worse	22%	25%	21%	23%	18%	25%
Got significantly worse	21%	27%	15%	27%	11%	28%
TOTAL: Got worse	44%	52%	36%	50%	29%	53%

- Over half of Welsh respondents (51%) believed the NHS has generally got worse over the last 25 years.

	ALL	Con voters	Lab voters	LD voters	UKIP voters
TOTAL: Got better	42%	52%	44%	49%	31%
Got significantly better	17%	25%	17%	22%	12%
Got slightly better	25%	27%	27%	27%	19%
Stayed about the same	14%	12%	13%	17%	11%
Got slightly worse	22%	20%	23%	21%	22%
Got significantly worse	21%	15%	20%	13%	36%
TOTAL: Got worse	44%	36%	43%	34%	58%

16. Over the next 5 years, do you think the NHS generally will...?

	ALL	CSQ	AR	CR	FI	EP
TOTAL: Get better	30%	24%	34%	29%	35%	27%
Get significantly better	4%	3%	3%	3%	7%	4%
Get slightly better	26%	21%	31%	26%	27%	23%
Stay about the same	36%	32%	39%	36%	41%	35%
Get slightly worse	23%	28%	21%	24%	17%	25%
Get significantly worse	11%	16%	6%	11%	7%	13%
TOTAL: Get worse	34%	44%	27%	35%	24%	38%

	ALL	Con voters	Lab voters	LD voters	UKIP voters
TOTAL: Get better	30%	43%	28%	32%	20%
Get significantly better	4%	6%	4%	3%	2%
Get slightly better	26%	37%	24%	29%	18%
Stay about the same	36%	37%	34%	41%	33%
Get slightly worse	23%	15%	25%	22%	30%
Get significantly worse	11%	4%	12%	5%	16%
TOTAL: Get worse	34%	19%	37%	27%	46%

17. Over the next 25 years, do you think the NHS generally will...?

	ALL	CSQ	AR	CR	FI	EP
TOTAL: Get better	40%	37%	47%	39%	41%	36%
Get significantly better	14%	13%	15%	13%	14%	13%
Get slightly better	26%	24%	31%	26%	26%	23%
Stay about the same	18%	14%	19%	16%	28%	17%
Get slightly worse	13%	12%	13%	14%	13%	13%
Get significantly worse	13%	16%	11%	14%	10%	16%
TOTAL: Get worse	26%	28%	24%	28%	22%	29%
Disappear altogether	15%	21%	11%	16%	9%	18%

- 53% of people aged 18-24 believed that the NHS will get better over the next 25 years, compared with 35% of 45-54 year olds and 44% of those aged 65+

	ALL	Con voters	Lab voters	LD voters	UKIP voters
TOTAL: Get better	40%	53%	40%	42%	29%
Get significantly better	14%	19%	14%	13%	9%
Get slightly better	26%	34%	26%	29%	20%
Stay about the same	18%	19%	17%	22%	15%
Get slightly worse	13%	11%	13%	16%	15%
Get significantly worse	13%	8%	14%	11%	19%
TOTAL: Get worse	26%	19%	27%	27%	33%
Disappear altogether	15%	9%	15%	9%	22%

18. From what you have read or heard or from your own experience, on a scale of 0 to 10, how big a problem do you think each of the following is for the NHS today – where 0 means ‘not a problem at all’ and 10 means ‘a very big problem indeed’?

<i>Mean scores out of 10</i>	ALL	CSQ	AR	CR	FI	EP
Too much being spent on management and bureaucracy	8.21	8.54	8.1	9.09	6.57	8.54
Patients being denied drugs or treatments that could help them, because of cost	7.6	8.18	7.05	8.17	6.5	8.05
Shortages of doctors, nurses and other clinical staff	7.48	8.24	6.99	7.68	6.53	7.72
Variation in standards of care and treatment between different hospitals and areas of the country	7.45	7.83	7.3	8.03	6.32	7.57
Hospital closures and other cuts	7.4	8.3	6.68	7.64	6.45	7.72
Waiting times between diagnosis and treatment	7.15	7.56	6.75	7.4	6.49	7.53
Low pay for NHS staff	7.05	8.07	6.53	6.81	6.35	7.1
Trouble getting GP or other appointments at a convenient time	6.87	7.27	6.41	7.09	6.35	7.29
Standards of cleanliness of hospitals	6.45	6.6	6.1	6.96	5.83	6.86
Patients not being informed or involved in decisions about their own treatment	6.26	6.57	5.77	6.47	5.94	6.65
The quality of nursing care provided in the NHS hospitals	6.00	6.1	5.6	6.31	5.76	6.48

	ALL	Con voters	Lab voters	LD voters	UKIP voters
Too much being spent on management and bureaucracy	8.21	8.25	8.11	7.80	8.95
Patients being denied drugs or treatments that could help them, because of cost	7.60	7.27	7.76	7.06	8.27
Shortages of doctors, nurses and other clinical staff	7.48	6.94	7.78	7.20	7.79
Variation in standards of care and treatment between different hospitals and areas of the country	7.45	7.36	7.52	7.16	7.94
Hospital closures and other cuts	7.40	6.66	7.80	7.04	7.86
Waiting times between diagnosis and treatment	7.15	6.78	7.32	6.84	7.56
Low pay for NHS staff	7.05	6.24	7.59	7.07	7.05
Trouble getting GP or other appointments at a convenient time	6.87	6.46	7.08	6.51	7.24
Standards of cleanliness of hospitals	6.45	6.30	6.43	5.99	6.93
Patients not being informed or involved in decisions about their own treatment	6.26	5.89	6.42	5.96	6.64
The quality of nursing care provided in the NHS hospitals	6.00	5.78	6.02	5.64	6.40

19. On a scale of 0 to 10, how big a problem do you think each of the following long term issues is for the NHS, where 0 means 'not a problem at all' and 10 means 'a very big problem indeed'?

Mean scores out of 10	ALL	CSQ	AR	CR	FI	EP
There is too much waste and bureaucracy	8.14	8.33	8.19	9.2	6.32	8.48
An ageing population and new expensive treatments will make it harder for the NHS to provide free care for everybody who needs it	7.65	7.54	8.16	8.52	6.27	7.42
Governments keep interfering rather than leaving things to the professionals who know best	7.43	8.47	7.05	7.54	6.18	7.4
Not enough money is being spent on it	7.4	8.94	6.49	7.09	6.33	7.7
Too many people are using the NHS who have not paid into it	7.38	6.51	6.93	9.37	5.99	9.18
People's expectations of the NHS outweigh what it is realistically able to provide	6.86	6.13	7.53	7.74	6.11	6.82
The NHS tries to do too much	5.67	4.72	6.02	6.54	5.51	6.02

- Respondents aged 18-24 were less likely to think that too many people were using the NHS who had not paid into it (5.97) than those aged 65+ (8.03).
- An ageing population was a greater concern for older respondents age 65+ (8.17) than those aged 18-24 (6.84).

Mean scores out of 10	ALL	Con voters	Lab voters	LD voters	UKIP voters
There is too much waste and bureaucracy	8.14	8.30	7.93	7.68	8.99
An ageing population and new expensive treatments will make it harder for the NHS to provide free care for everybody who needs it	7.65	7.90	7.51	7.77	7.96
Governments keep interfering rather than leaving things to the professionals who know best	7.43	6.60	7.83	7.41	8.04
Not enough money is being spent on it	7.40	6.47	8.07	7.25	7.46
Too many people are using the NHS who have not paid into it	7.38	8.06	6.69	6.32	8.94
People's expectations of the NHS outweigh what it is realistically able to provide	6.86	7.29	6.59	6.94	7.08
The NHS tries to do too much	5.67	6.10	5.33	5.64	6.19

20. Some experts say the NHS will need significantly more funding in order to be able to sustain current levels of service in the years to come. Which of the following options should the government consider to help fund the NHS in the future?

% saying should 'definitely' or 'probably' consider	ALL	CSQ	AR	CR	FI	EP
Charging for missed GP appointments	79%	72%	85%	89%	69%	82%
Making bigger cuts in other areas of government spending	77%	80%	74%	80%	70%	79%
Reducing costs in the NHS by cutting back on non-clinical staff	68%	62%	74%	79%	58%	66%
Using more private companies when they can provide high quality services more cheaply	57%	39%	67%	70%	57%	59%
Introducing charges for some NHS treatments	50%	32%	59%	60%	53%	49%
Borrowing more, or reducing the deficit more slowly	48%	65%	36%	34%	53%	46%
Re-introduce prescription charges (Scotland & Wales)	46%	35%	58%	57%	43%	46%
Asking everyone to pay into an insurance scheme to cover their future healthcare needs	42%	29%	48%	50%	48%	41%
Raising taxes for most people	40%	44%	43%	35%	43%	32%
Closing some local hospitals to consolidate services into bigger, more efficient units with expert staff	36%	25%	44%	35%	45%	31%
Reducing the range of NHS services and concentrating on emergencies and very serious conditions	30%	16%	32%	33%	44%	35%
Raise prescription charges (respondents in England)	29%	20%	35%	30%	39%	25%
Holding down pay for NHS staff	22%	13%	20%	21%	40%	28%

% saying should 'definitely' or 'probably' consider	ALL	Con voters	Lab voters	LD voters	UKIP voters
Charging for missed GP appointments	79%	87%	74%	82%	83%
Making bigger cuts in other areas of government spending	77%	75%	76%	75%	80%
Reducing costs in the NHS by cutting back on non-clinical staff	68%	77%	63%	67%	76%
Using more private companies when they can provide high quality services more cheaply	57%	75%	45%	57%	61%
Introducing charges for some NHS treatments	50%	64%	40%	53%	52%
Borrowing more, or reducing the deficit more slowly	48%	30%	64%	50%	42%
Re-introduce prescription charges (Scotland & Wales)	46%	67%	47%	51%	46%
Asking everyone to pay into an insurance scheme to cover their future healthcare needs	42%	53%	35%	45%	45%
Raising taxes for most people	40%	38%	48%	51%	35%
Closing some local hospitals to consolidate services into bigger, more efficient units with expert staff	36%	43%	35%	41%	29%
Reducing the range of NHS services and concentrating on emergencies and very serious conditions	30%	36%	27%	30%	34%
Raise prescription charges (respondents in England)	29%	38%	27%	37%	25%
Holding down pay for NHS staff	22%	26%	20%	21%	23%

21. How likely do you think each of the following things are to happen in the NHS in the next 10 years – whether you would like them to happen or not?

<i>% saying 'very' or 'fairly' likely</i>	ALL	CSQ	AR	CR	FI	EP
More private providers will be used to provide NHS services	86%	85%	91%	92%	76%	84%
Charges will be introduced for some NHS treatment	77%	75%	78%	82%	71%	76%
The NHS will continue to offer a full range of health services to everyone, to a high standard	58%	53%	60%	55%	66%	57%
The NHS will only cover emergencies and very serious conditions, with other treatments being paid for through insurance or charges	44%	42%	36%	43%	56%	50%

<i>% saying 'very' or 'fairly' likely</i>	ALL	Con voters	Lab voters	LD voters	UKIP voters
More private providers will be used to provide NHS services	86%	90%	84%	86%	88%
Charges will be introduced for some NHS treatment	77%	77%	74%	77%	79%
The NHS will continue to offer a full range of health services to everyone, to a high standard	58%	67%	61%	64%	49%
The NHS will only cover emergencies and very serious conditions, with other treatments being paid for through insurance or charges	44%	39%	45%	40%	46%

22. Suppose that a particular operation costs £1,000 to do in an NHS hospital and £700 to do in a private hospital. If the NHS locally decided to send someone to have the operation in the private hospital, paid for by the NHS, would you think of that as a £300 saving for the NHS or as £700 leaving the NHS & going to the private sector?

	ALL	CSQ	AR	CR	FI	EP
A £300 saving for the NHS	73%	61%	82%	83%	67%	73%
£700 leaving the NHS and going to the private sector	27%	39%	18%	17%	33%	27%

- 32% of respondents who worked in the public sector saw this scenario as '£700 leaving the NHS and going to the private sector' compared to 27% of private sector workers.

	ALL	Con voters	Lab voters	LD voters	UKIP voters
A £300 saving for the NHS	73%	84%	64%	71%	77%
£700 leaving the NHS and going to the private sector	27%	16%	36%	29%	23%

23. Since 2010 the government has introduced a number of NHS reforms. From what you know or have heard, what do you think were the government's main motivations for introducing these reforms? [Tick all that apply]

	ALL	CSQ	AR	CR	FI	EP
To save money	50%	55%	54%	52%	35%	47%
To improve the NHS	33%	19%	44%	46%	29%	32%
To tackle poor performance in the NHS	33%	24%	43%	47%	21%	30%
To make the NHS more sustainable in the long term	30%	18%	43%	43%	21%	26%
They are part of a plan to privatise the NHS	30%	50%	23%	21%	18%	26%
To cut wasteful bureaucracy	26%	15%	38%	38%	16%	23%
To shift power from NHS managers to doctors and nurses	21%	14%	28%	31%	12%	18%
To introduce charges for NHS services	20%	32%	14%	15%	14%	18%
To get more money to frontline services in the NHS	19%	11%	27%	29%	14%	15%
To give more choice and control to patients	19%	10%	26%	28%	13%	16%
To make patient care in the NHS more personalised	13%	9%	16%	20%	12%	12%

	ALL	Con voters	Lab voters	LD voters	UKIP voters
To save money	50%	47%	54%	55%	54%
To improve the NHS	33%	58%	21%	38%	31%
To tackle poor performance in the NHS	33%	49%	24%	37%	37%
To make the NHS more sustainable in the long term	30%	52%	20%	33%	30%
They are part of a plan to privatise the NHS	30%	10%	45%	29%	31%
To cut wasteful bureaucracy	26%	47%	17%	33%	27%
To shift power from NHS managers to doctors and nurses	21%	35%	14%	23%	24%
To introduce charges for NHS services	20%	9%	29%	16%	21%
To get more money to frontline services in the NHS	19%	37%	12%	21%	19%
To give more choice and control to patients	19%	33%	11%	21%	20%
To make patient care in the NHS more personalised	13%	23%	9%	16%	13%

24. Below are some pairs of statements. In each case, please tick the one which comes closest to your own view, even if neither represents exactly what you think.

	ALL	CSQ	AR	CR	FI	EP
The quality of service offered by the NHS is pretty much the same throughout the country	22%	15%	17%	8%	50%	28%
The quality of service offered by the NHS varies significantly between different areas and different hospitals	78%	85%	83%	92%	50%	72%

	ALL	Con voters	Lab voters	LD voters	UKIP voters
The quality of service offered by the NHS is pretty much the same throughout the country	22%	21%	23%	23%	17%
The quality of service offered by the NHS varies significantly between different areas and different hospitals	78%	79%	77%	77%	83%

	ALL	CSQ	AR	CR	FI	EP
Overall the service offered by the NHS is as good as or better than health services in most other European countries	74%	78%	79%	78%	59%	67%
Overall the service offered by health services in other European countries is better than that offered by the NHS	26%	22%	21%	22%	41%	33%

	ALL	Con voters	Lab voters	LD voters	UKIP voters
Overall the service offered by the NHS is as good as or better than health services in most other European countries	74%	76%	76%	76%	68%
Overall the service offered by health services in other European countries is better than that offered by the NHS	26%	24%	24%	24%	32%

- Respondents in London were the least likely to agree that the service offered by the NHS is as good as or better than health services in most other European countries (69%).

	ALL	CSQ	AR	CR	FI	EP
People receiving different levels of care in different parts of the country above a certain minimum is a price worth paying if it ends up leading to an improvement in standards overall	28%	17%	34%	20%	45%	28%
It is more important that people receive the same level of care wherever they live in the country, even if this means standards improve more slowly	72%	83%	66%	80%	55%	72%

	ALL	Con voters	Lab voters	LD voters	UKIP voters
People receiving different levels of care in different parts of the country above a certain minimum is a price worth paying if it ends up leading to an improvement in standards overall	28%	32%	26%	32%	24%
It is more important that people receive the same level of care wherever they live in the country, even if this means standards improve more slowly	72%	68%	74%	68%	76%

	ALL	CSQ	AR	CR	FI	EP
The best way to raise standards in the NHS is for patients to choose where to be treated, so hospitals have an incentive to innovate and provide the best possible care	40%	36%	40%	38%	47%	43%
The best way to raise standards in the NHS is for the government to set standards and targets that all hospitals must meet	60%	64%	60%	62%	53%	57%

	ALL	Con voters	Lab voters	LD voters	UKIP voters
The best way to raise standards in the NHS is for patients to choose where to be treated, so hospitals have an incentive to innovate and provide the best possible care	40%	40%	38%	42%	44%
The best way to raise standards in the NHS is for the government to set standards and targets that all hospitals must meet	60%	60%	62%	58%	56%

- Scottish and Welsh respondents (66% and 67% respectively) were more likely to think that the best way to raise standards in the NHS is for the government to set standards and targets that all hospitals must meet, than any other area in the UK.

	ALL	CSQ	AR	CR	FI	EP
It is fine for the NHS to use private companies to provide services to patients as long as they meet NHS standards, the cost to the NHS is the same or lower, and services remain free at the point of use to patients	79%	67%	93%	96%	59%	77%
Private companies should not be allowed to provide NHS services even if this would save money and improve treatment for patients	21%	33%	7%	4%	41%	23%

	ALL	Con voters	Lab voters	LD voters	UKIP voters
It is fine for the NHS to use private companies to provide services to patients as long as they meet NHS standards, the cost to the NHS is the same or lower, and services remain free at the point of use to patients	79%	89%	69%	78%	82%
Private companies should not be allowed to provide NHS services even if this would save money and improve treatment for patients	21%	11%	31%	22%	18%

- More women (82%) than men (75%) thought it was fine to use private companies as long as they met NHS standards, the cost to the NHS was the same or lower, and services remained free at the point of use to patients.

	ALL	CSQ	AR	CR	FI	EP
Patients who need treatment because they smoke, drink too much alcohol or are obese should have lower priority than those who are ill through no fault of their own	48%	29%	54%	62%	47%	58%
Everybody should have the same entitlement to NHS services irrespective of why they need treatment	52%	71%	46%	38%	53%	42%

	ALL	Con voters	Lab voters	LD voters	UKIP voters
Patients who need treatment because they smoke, drink too much alcohol or are obese should have lower priority than those who are ill through no fault of their own	48%	57%	38%	51%	52%
Everybody should have the same entitlement to NHS services irrespective of why they need treatment	52%	43%	62%	49%	48%

- ABs (52%) were more likely than DEs (41%) to think that patients who needed treatment because they smoke, drink too much alcohol or are obese should have lower priority.

	ALL	CSQ	AR	CR	FI	EP
Publishing detailed information about the performance of individual hospitals or surgeons, including survival rates for serious conditions and procedures, will raise standards and enable patients to make more informed choices	54%	50%	53%	61%	49%	63%
Detailed information about individual hospitals or surgeons, including survival rates for serious conditions and procedures, might be misunderstood by patients and lead them to make choices that are not right for them	46%	50%	47%	39%	51%	37%

	ALL	Con voters	Lab voters	LD voters	UKIP voters
Publishing detailed information about the performance of individual hospitals or surgeons, including survival rates for serious conditions and procedures, will raise standards and enable patients to make more informed choices	54%	57%	52%	51%	61%
Detailed information about individual hospitals or surgeons, including survival rates for serious conditions and procedures, might be misunderstood by patients and lead them to make choices that are not right for them	46%	43%	48%	49%	39%

- 49% of 18-24 year olds compared to 58% of those age 65+ thought that publishing detailed information about the performance of individual hospitals or surgeons, including survival rates for serious conditions and procedures, would raise standards and enable patients to make more informed choices.

	ALL	CSQ	AR	CR	FI	EP
Decisions about how NHS services are provided should be made at a local level to ensure the needs of each particular area are met	57%	56%	62%	60%	51%	50%
Decisions about how NHS services are provided should be made at a national level to ensure provision is consistent throughout the country	43%	44%	38%	40%	49%	50%

	ALL	Con voters	Lab voters	LD voters	UKIP voters
Decisions about how NHS services are provided should be made at a local level to ensure the needs of each particular area are met	57%	57%	54%	59%	57%
Decisions about how NHS services are provided should be made at a national level to ensure provision is consistent throughout the country	43%	43%	46%	41%	43%

- Scottish respondents were more likely to think (63%) that decisions about how NHS services are provided should be made at a local level to ensure the needs of each particular area are met than other regions.

	ALL	CSQ	AR	CR	FI	EP
Decisions about how NHS services are provided should mostly be made by doctors and other health professionals	85%	92%	90%	94%	59%	79%
Decisions about how NHS services are provided should mostly be made by the elected politicians who are accountable to the public	15%	8%	10%	6%	41%	21%

	ALL	Con voters	Lab voters	LD voters	UKIP voters
Decisions about how NHS services are provided should mostly be made by doctors and other health professionals	85%	85%	84%	81%	87%
Decisions about how NHS services are provided should mostly be made by the elected politicians who are accountable to the public	15%	15%	16%	19%	13%

- 90% of respondents age 65+, compared to 78% of 18-24 year olds thought that decisions about how NHS services were provided should mostly be made by doctors and other health professionals.