

Public Perceptions of the NHS and Social Care

**An Ongoing Tracking Study Conducted for the
Department of Health, December 2011 Wave**

8 June 2012

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Executive Summary

1. Executive Summary

1.1 Background to this research

This survey is the latest in a series of surveys conducted by the Ipsos MORI Social Research Institute on behalf of the Department of Health between Spring 2000 and December 2011. The aim of the survey is to explore public attitudes towards, and perceptions of, the NHS and social care services. In addition, the surveys provide a means of tracking changes in public perceptions towards the NHS and social care over time.

1.2 Methodology

All interviews were carried out by Ipsos MORI interviewers in respondents' homes, using Computer Assisted Personal Interviewing (CAPI). 1001 interviews were conducted with adults aged 16 and over in England between 14th November and 9th December 2011.

In order to achieve a sample representative of the national and regional population, quotas were set for the number of interviews carried out with different types of respondents. Quotas were set for age, gender and working status.

Data have been weighted to the known population profile of Great Britain, in order to provide a nationally representative sample.

Further details about the methodology are provided in the appendices.

1.3 Key findings

1.3.1 Overall satisfaction

Seven out of ten people are satisfied with the running of the National Health Service (NHS) (70%), exactly the same proportion as in December 2010. However, more people are dissatisfied than they were a year ago (17% compared with 14%). The proportion of people saying they are *very* satisfied has fallen from 20% in December 2010 to 16% now and the net satisfaction score¹ (+53) is the lowest it has been since June 2008.

Satisfaction with specific NHS services remains at relatively similar levels to this time last year. Three quarters of the public are satisfied with their last visit to an NHS hospital, while more than four in five say the same about their most recent visit to a GP (75% and 83% respectively). Satisfaction among outpatients has fallen over the last two waves of this study from 90% in March 2010 to 82% now.

¹ Net satisfaction scores are calculated by subtracting the proportion of people who are dissatisfied from the proportion of people who are satisfied.

The perception gap between the services provided by the NHS locally and the NHS nationally remains. Three in four people agree their local NHS is providing a good service (77%). This figure drops to three in five when asked about the NHS at a national level (63%).

More people disagree that the government has the right policies for the NHS than in December 2010 (39% now compared to 33% in December 2010). In line with the last wave of this survey, as many people think the NHS will get better over the next few years (34%) as think it will get worse (33%).

1.3.2 Key perceptions of the NHS

Many specific aspects of the NHS are now rated significantly higher than this time last year. More than seven in ten agree that Britain's National Health Service is one of the best in the world (73%), up seven percentage points from this time last year. Seven in ten think that the NHS provides good value to taxpayers (69%), up six percentage points from December 2010. In line with this, there has been a significant change in the proportion of people who agree the NHS is doing everything it can to reduce waste and inefficiency (44% agree compared with 36% this time last year).

Three quarters of people agree they would feel safe in an NHS hospital (75%), up five percentage points from December 2010. There has been the same increase in the percentage of people who agree that NHS hospitals are getting infections like MRSA under control (57% agree compared with 52% last year).

The proportion of people who agree that people are treated with dignity and respect when they use NHS services is significantly higher than the number who say the same about social care services (65% compared with 44%). Just over a third of people agree waiting times for non-emergency care are getting shorter (35%) while over four in ten disagree (43%).

1.3.3 NHS reforms

Awareness of the current reforms of the NHS is relatively low and only marginally higher than recorded at the same time last year. One in three say they know a great deal or a fair amount about the changes the government is making to the NHS (29%).

'Privatisation/more services provided by the private sector' is the change most frequently mentioned (14%), this is significantly higher than last year (3%). Greater involvement of doctors and other healthcare professionals in commissioning services or having more of a say in how the NHS is run is the second most frequently mentioned change (13%).

One in five think the changes will make services better for patients (20%) whilst two in five think they will make them worse (38%). When asked about specific aspects of the reforms, 66% think that moving more services which have traditionally been provided in hospitals into the community will make the NHS better. One in two think that GPs and other healthcare professionals having

much more say in deciding how the NHS spends its money will make the service better (47%) with one on four saying it will make it worse (24%).

1.3.4 Patient involvement

Agreement that people have increasing choice about their treatment and care has not changed over the last two years (63% this wave compared with 62% in December 2010 and 64% in December 2009).

Three quarters agree they were involved as much as they wanted to be in decisions about their care or treatment (73%). Over half agree they were able to choose the treatment or services which best suited their needs (58%). These figures have not changed significantly since this time last year.

Only one in twenty have ever tried to get involved in decisions about how healthcare services are provided in their local area (6%) and just 14% have looked for information about how their local healthcare services are performing.

1.3.5 Social care

The majority of people who have received or experienced social care services are satisfied with them (71%). Close to half agree that NHS and social care services work well together to give people coordinated care (45%), though 30% disagree.

On funding of social care, three quarters say they have hardly at all, or have not at all started preparing financially to pay for social care services they might need when they are older (72%).

The public are divided about where the responsibility for the funding for social care should lie.

Forty four per cent agree it is their responsibility to save so that they can pay towards their care in the future while 40% disagree.

Introduction

2. Introduction

2.1 Background and objectives

This survey is the latest in a series of surveys that have been conducted by the Ipsos MORI Social Research Institute on behalf of the Department of Health. The survey was initially conducted in 2000, with a follow-up wave in 2001. It was then conducted twice annually, once every spring and once every winter, until the end of 2006. From 2007 until the end of 2009 the survey was carried out three times a year, with waves in March, June and December. In 2010 the survey returned to two waves a year and in 2011 one wave was conducted.

The aim of the survey is to explore public attitudes towards, and perceptions of, the NHS and social care services. The survey consists of 'tracker' questions which assess how public opinion varies over time. However, the survey is designed to be flexible, and does allow additions of new topics and subject areas as they arise. For example, questions on the NHS Constitution were added in 2008, and questions around NHS reforms have been added to the most recent waves. This flexibility means that the project reflects the most current issues facing the NHS and social care.

2.2 The structure of the report

This report for the December 2011 survey contains the following chapters:

Chapter 1: Executive Summary

This chapter provides an overview of the key findings of the survey and their implications.

Chapter 2: Introduction

This chapter details the background to the survey, the aims of the survey and the structure of this report.

Chapter 3: Overall Satisfaction

This chapter examines satisfaction with the NHS, both overall and in terms of specific areas of NHS care, such as general practice, A&E, inpatient and outpatient services. It considers satisfaction with the NHS locally and nationally, support for the government's policies for the NHS, and optimism for the future of the NHS.

Chapter 4: The Future NHS

This chapter explores awareness of the proposed reforms to the NHS and attitudes towards these reforms. It also covers the use of non-traditional channels for people to communicate with GPs and their willingness to use such channels in the future.

Chapter 5: Key Perceptions of the NHS

This chapter explores public attitudes to specific elements and attributes of the NHS, such as patient safety, NHS budgeting and resourcing, patient involvement in decisions about their care, and perceptions of the biggest health problems facing people today.

Chapter 6: Social Care

This chapter explores the use of, and satisfaction with, social care services. It also examines the extent to which people are preparing financially to fund social care services they might need in the future.

Appendices

The appendices contain details of the methodology of the survey, literature referenced in this report, notes about how to interpret the data, the statistical reliability of the data, and a guide to the social classifications referred to in this report.

Note about the presentation of the data

This report presents the data from the latest wave of this survey, conducted in December 2011. It also compares this data with that from the December 2010 survey to give an indication of any changes that have occurred since the survey was last carried out. In addition, data from earlier waves of the survey is frequently referred to in order to provide a picture of longer-term trends. More details about the presentation and interpretation of the data are included in the appendices.

Overall Satisfaction

3. Overall Satisfaction

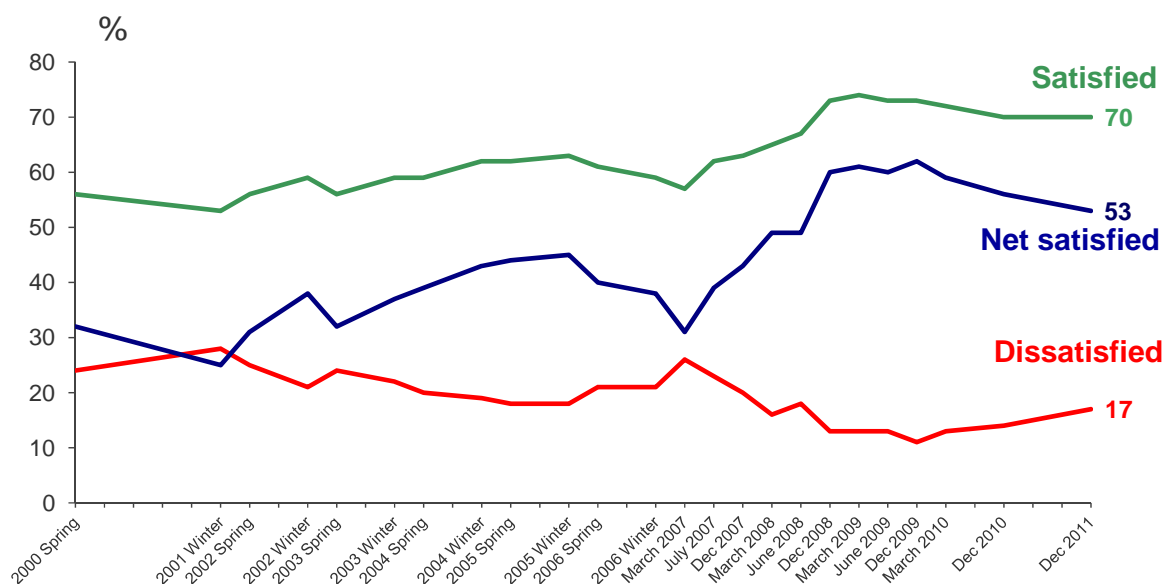
3.1 Overall satisfaction with the running of the NHS

The majority of the public are satisfied with the running of the National Health Service (NHS) (70% say they are satisfied). As the following chart shows, this level of satisfaction is in line with levels recorded in recent waves of this survey. However, the level of satisfaction has dropped significantly since its peak in March 2009, when it was 74%.

Close to one in five people say they are dissatisfied with the running of the NHS (17%). Although this is not a significant change from the level of dissatisfaction recorded a year ago (14%), it is a significant change since March 2010 (when dissatisfaction was 13%). This level of dissatisfaction is the highest recorded since June 2008. The net satisfied score² (+53) is the lowest it has been since June 2008 (when it was +49).

Overall levels of satisfaction with the NHS

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



Base: Adults aged 16+ in England (c. 1000 per wave)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

Ipsos MORI



² Net satisfaction scores are calculated by subtracting the proportion of people who are dissatisfied from the proportion of people who are satisfied.

In line with the findings from previous waves of this survey, the December 2011 results reaffirm a long-standing difference in levels of satisfaction with the NHS among people of different age groups:

- The youngest (16 to 24 year olds) and oldest (people aged 65 and over) age groups are most likely to say they are satisfied with the NHS (78% and 80% respectively compared with 70% overall). The older age group are also substantially more likely to say they are very satisfied than other age groups (27% compared with 16% overall).
- 55 to 64 year olds are the age group most likely to be dissatisfied (23% compared with 17% overall).

There are also differences between people of different social grades. People from social grades D and E are more likely to say they are satisfied with the current running of the NHS than people overall (76% compared with 70% overall).

There are also regional differences in levels of satisfaction with the running of the NHS, as shown in the following chart. Data aggregated from December 2002 until December 2011 shows that people living in the North of England are more likely to be satisfied than those living in the South. Seven in ten people living in the North East are satisfied compared with three in five who live in the South East (71% compared with 61%).

Regional satisfaction with the running of the NHS

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



Base: Adults in England aged 16+, Winter 2002 – December 2011: Ipsos MORI aggregate analysis (21407)

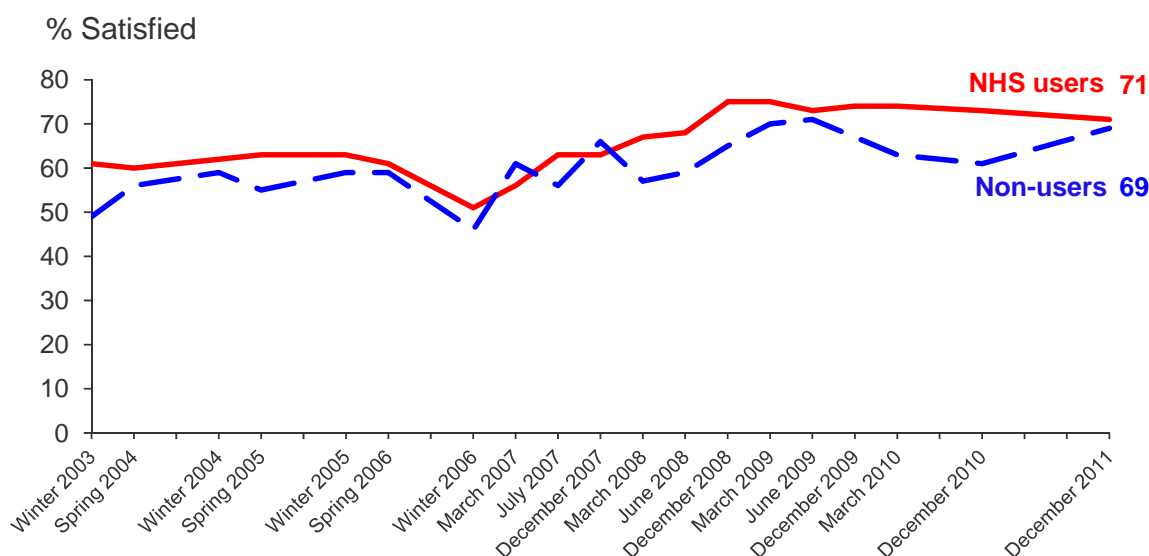
Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

The following chart shows the pattern of satisfaction for users and non-users of NHS services³. The 2009 and 2010 waves of this survey found NHS users to have higher levels of satisfaction with the NHS than non-users. In December 2010 for instance, 73% of NHS users were satisfied with the running of the NHS compared with 61% of non-users. However, in December 2011 this gap has closed so that the two groups have very similar levels of satisfaction (71% and 69% respectively).

Patient satisfaction with the NHS: users versus non-users

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



Base: Adults aged 16+ in England: NHS users (c. 900 per wave); Non-users (c. 100 per wave)*
 NHS users are those who have been personally been an inpatient, outpatient, A&E patient, used a walk-in clinic, NHS Direct, or visited an NHS GP within the last year

Ipsos MORI

*N.B small base size means comparison of figures and trends is indicative only Source: Ipsos MORI/DH Perceptions of the NHS Tracker



There is a significant difference in levels of dissatisfaction between users and non-users though. Users of the NHS are more likely to be dissatisfied with it than non-users. Close to one in five users say they are dissatisfied compared with one in ten non-users (18% compared with 8%).

Looking at specific NHS services, satisfaction with recent hospital and GP visits remains stable. Three quarters of all respondents say they were satisfied with their last visit to an NHS hospital and more than four in five say the same about their most recent visit to a GP (75% and 83% respectively). High levels of satisfaction with GPs were also recorded by the latest GP Patient Survey conducted by Ipsos MORI for the Department of Health. In this survey, the majority of

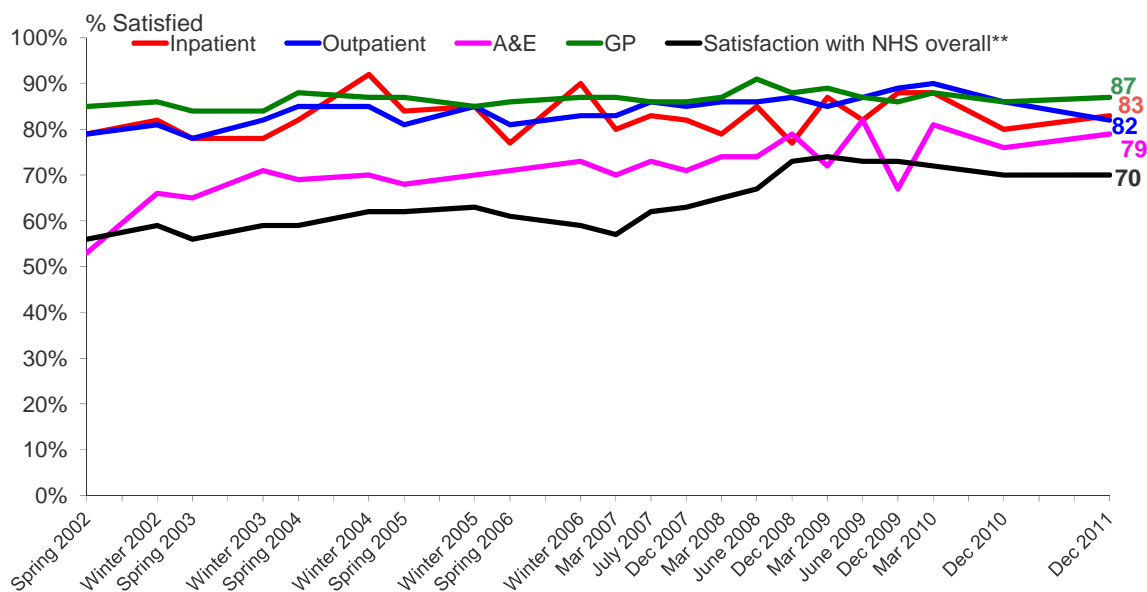
³ Users of NHS services are defined as those who have personally been an inpatient, or an outpatient, or an A&E patient, or have used a walk-in clinic, or have used NHS Direct, or have visited an NHS GP in the last year. Non-users of NHS services are defined as those who not used any of these services in the last year.

patients said they had a good overall experience of their GP surgery (88%), with just under half describing their experience as *very good* (46%).⁴

Satisfaction among outpatients, while still very high, has fallen steadily since March 2010 from a peak of 90% to 82% now. The trends in satisfaction levels among users of different services are shown in the following chart.

Overall satisfaction with the NHS and satisfaction of recent service users

Q Now thinking about the last time you visited an NHS hospital/ your local doctor or GP, overall, how satisfied or dissatisfied were you with this last visit as a patient?



Base: Adults aged 16+ in England: NHS overall (c. 1000 per wave); GP – all visiting GP in last year (c. 750 per wave); Outpatient – all whose last hospital visit was an outpatient (c. 300 per wave); Inpatient – all whose last hospital visit was an inpatient (c. 100 per wave)*; A&E – all whose last hospital visit was to A&E (c. 100 per wave)*

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

Ipsos MORI

*N.B small base size means comparison of figures and trends is indicative only

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

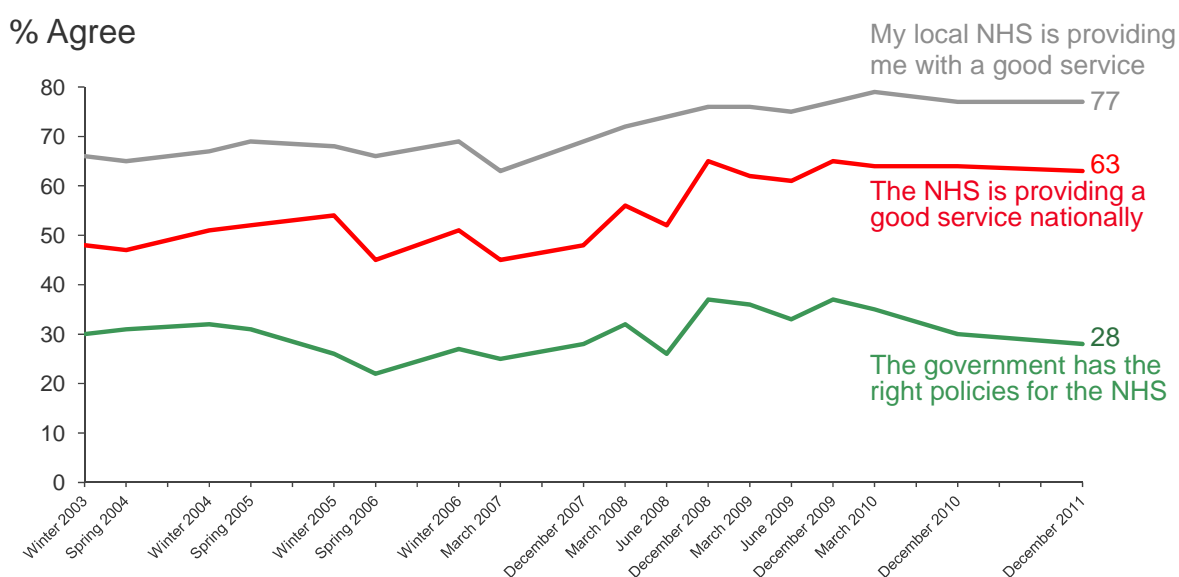


⁴ The GP Patient Survey July – September 2011 Summary Report: http://www.gp-patient.co.uk/results/latest_weighted/summary/

Local NHS services continue to be rated more highly than the NHS at a national scale or the government's policies for it. More than three quarters of people agree that **'my local NHS is providing me with a good service'** (77%). However, around three in five agree that **'the NHS is providing a good service nationally'** (63%), and only a quarter agree that **'the government has the right policies for the NHS'** (28%). Disagreement with this last statement has increased from 33% December 2010 to 39% now and this level of disagreement is significantly higher than levels recorded during the past three years of this survey.

NHS perception gap

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



Base: Adults aged 16+ in England (c. 1000 per wave)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

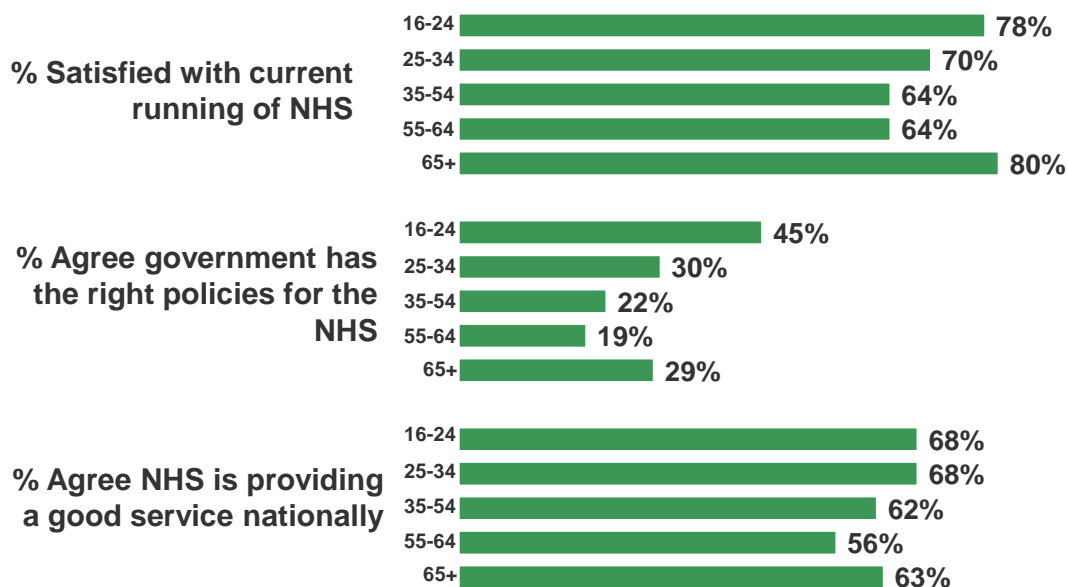


The differences in satisfaction levels with the NHS between people of different age groups (as discussed earlier in this chapter) can also be seen in levels of agreement that the government has the right policies for the NHS.

- Agreement that the government has the right policies for the NHS is highest among younger people (those aged 16 to 24). Approaching half of this age group agree with this statement compared with three in ten overall (45% compared with 28% overall).

People aged 55 to 64, the age group most likely to be dissatisfied with the NHS, are also the most likely to disagree that the government’s policies are right (58% compared with 39% overall).

Differences by age in perceptions of the NHS



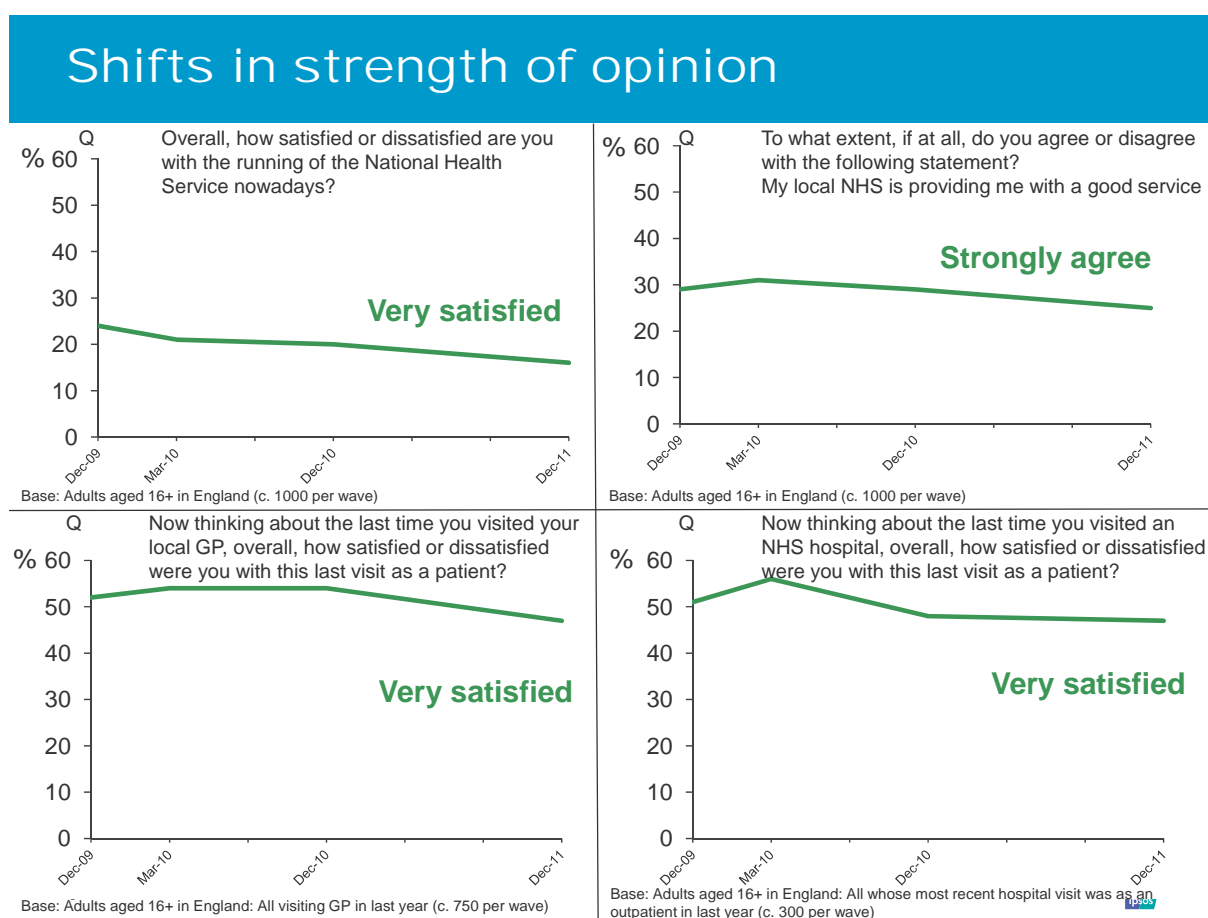
Base: Adults aged 16+ in England, December 2011 (1001)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

3.2 Shifts in strength of satisfaction with the NHS

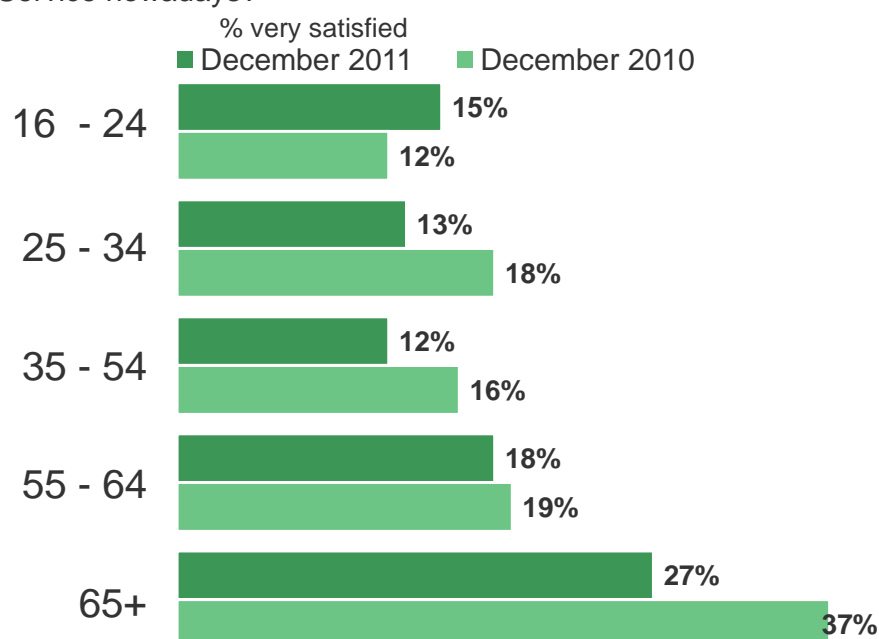
While the overall measures of satisfaction with the NHS (such as satisfaction with the current running of the NHS, and agreement that ‘my local NHS is delivering a good service’) have remained broadly stable, there have been some small shifts within the strength of these ratings. The following chart shows data from December 2009 to December 2011 for four key measures of public opinion towards the NHS. In all four cases there has been a significant decrease in the proportion of people saying they are *very* satisfied, or that they *strongly* agree. For instance, there has been a fall in those saying they are *very* satisfied with the running of the NHS during the last year (from 20% in December 2010 to 16% now). Also, the proportion saying they strongly agree that ‘my local NHS is providing me with a good service’ has fallen from 29% to 25% since December 2010.



The drop in the proportion of people saying they are *very* satisfied with the NHS is also evident when the views of particular groups of respondents are considered in more detail. The following chart shows the percentages of people in different age groups saying they are very satisfied with the running of the NHS in December 2010 and December 2011. It shows that for three age groups (25 to 34 year olds, 35 to 45 year olds and those aged 65 and over) the proportion describing themselves as *very* satisfied has fallen over the past year. The decrease is particularly pronounced among the 65 and over group, which is important to note considering that they are the heaviest users of NHS services.

Satisfaction with NHS by age

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



Base: Adults aged 16+ in England: December 2011 (1001); December 2010 (1011)
Ipsos MORI

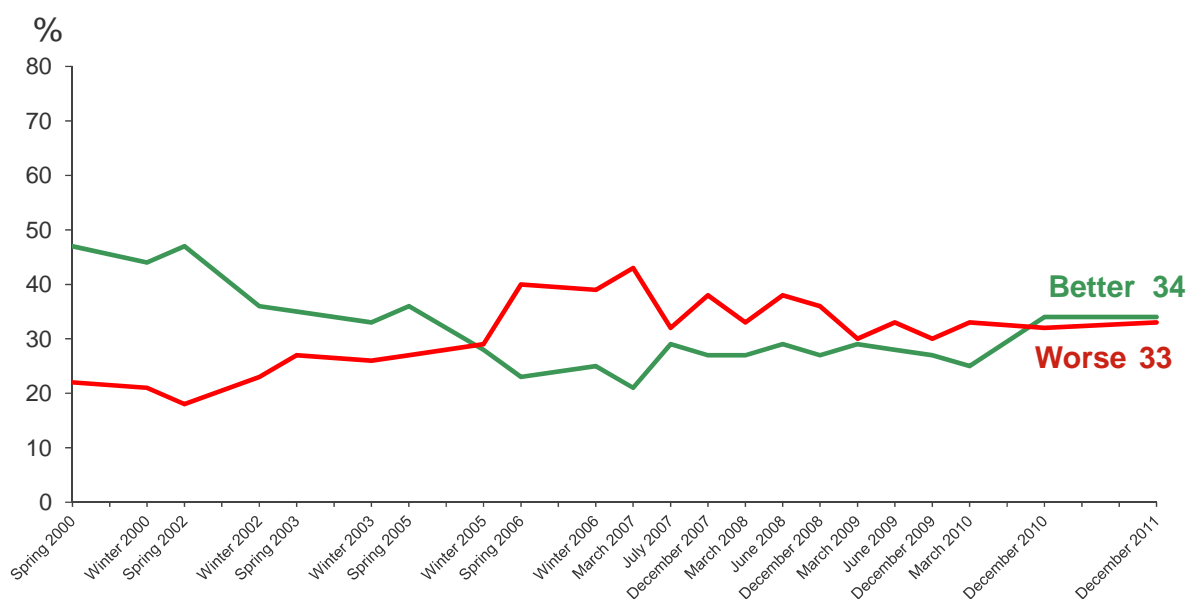
Source: Ipsos MORI/DH Perceptions of the NHS Tracker Ipsos

3.3 Optimism for the future of the NHS

Optimism for the future of the NHS remains divided, but it is consistent with the results recorded last year. A third of people expect it to get better over the next few years (34%), whilst another third expect it to get worse (33%) and a similar proportion again expect it to stay the same (30%). This matches the 34% optimism: 32% pessimism split recorded in December 2010. These last two waves of the survey have, however, recorded significantly higher levels of optimism for the NHS than have been exhibited since Spring 2005.

Optimism for the future of the NHS

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



Base: Adults aged 16+ in England (c. 1000 per wave)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker



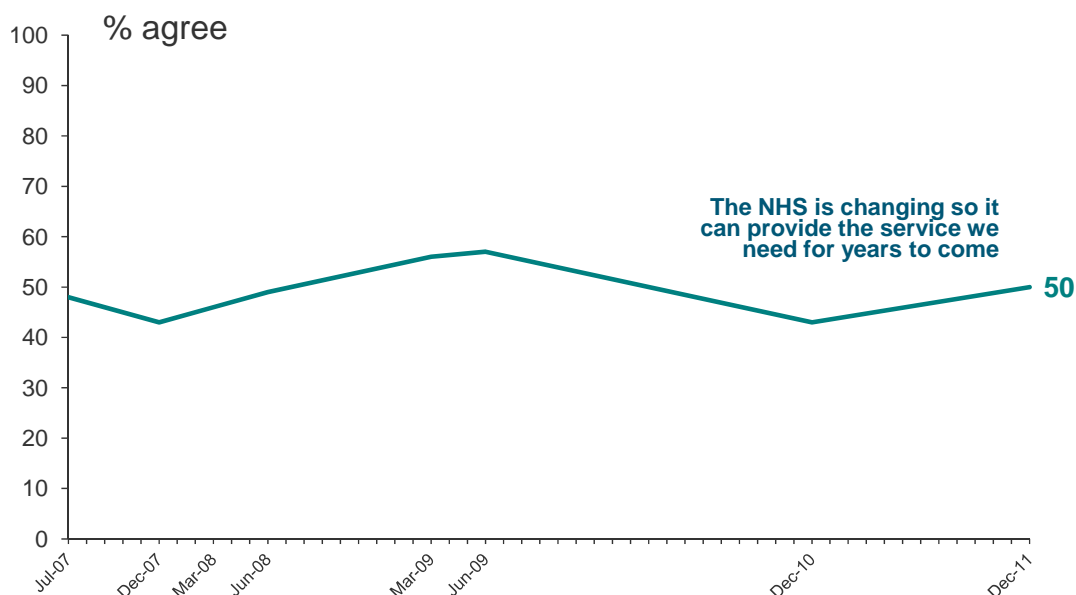
The age group that is most likely to be optimistic about the future of the NHS is the same age group that is most likely to be dissatisfied with the current running of the NHS. Two in five people aged 55 to 64 (41%) think the NHS will get better compared with one third overall (34%).

There are no other significant differences between different groups of people in their levels of optimism for the future of the NHS.

Public opinion about whether or not **the NHS is changing so it can provide the service we need for years to come** has fluctuated over the last few years. In December 2011 half agree with this statement (50%) while a third disagree (34%). This is an increase in agreement since this time last year when 43% of people agreed. It is, however, lower than the 57% agreement level recorded in June 2009. These variations show that public opinion is not stable in regards to the future of the NHS, which might reflect a lack of knowledge. Indeed, in December 2011, close to one in five said they did not know whether the NHS is changing so it can provide the service we need for years to come (17%).


Optimism for NHS changes

Q Please tell me whether on the whole you agree or disagree with each of the following statements:



Base: Adults aged 16+ in England (c. 1000 per wave)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

The following chapter explores awareness of the changes being made to the NHS in more detail and considers the expected impact of these policies on the services provided to patients.

The Future NHS

4. The Future NHS

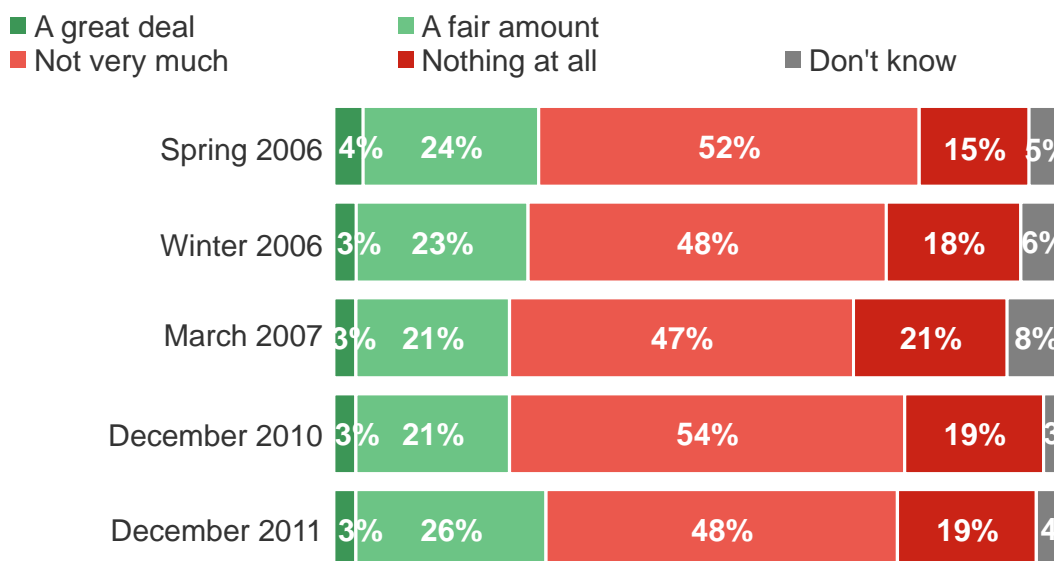
4.1 Awareness of NHS reforms

Awareness of NHS reforms is still relatively low, though marginally higher than this time last year. Only three in ten of the public say they know 'a fair amount' or 'a great deal' about the changes the government is making to the NHS (29%) and two thirds say they know 'not very much' or 'nothing at all' (67%). In December 2010, a quarter of people said they knew 'a fair amount' or 'a great deal' about the changes the government was making to the NHS (24%) and three quarters of people said they did not know 'very much' or anything 'at all' (73%).

As shown in the following chart, the current level of knowledge about the reforms is broadly consistent with that recorded at other times of significant changes to the NHS.

Familiarity with NHS reforms

Q How much do you feel you know about the changes the government is making to the NHS?



Base: Adults aged 16+ in England (c. 1000 per wave)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker



Those who know people who work for the NHS are significantly more likely to say they know about the changes being made (36% of those who know someone who works for the NHS say they know 'a fair amount' or 'a great deal' about the reforms, compared with 29% overall).

There are also differences in knowledge levels between people of different social grades. Two fifths of those in social grades A/B say they know 'a fair amount' or 'a great deal', which is almost double the proportion of people in social grades D/E who say the same (41% compared with 22%). This trend was also evident this time last year. However, previous differences between people of

different ages (in December 2010 older people were more likely to say they knew about the reforms than younger people) are no longer significant.

When asked what the government's changes to the NHS involve, more than two in five people say they have not heard of any changes or do not know what they involve (42%). This has not changed since December 2010.

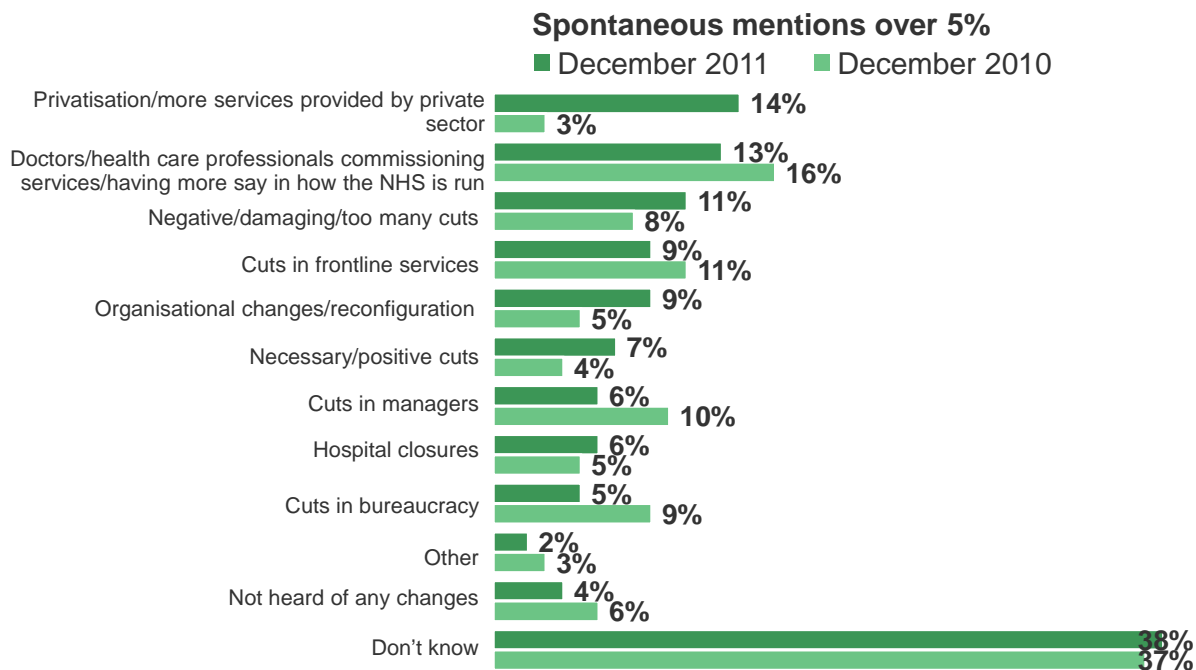
Privatisation is the reform most likely to be spontaneously mentioned by the public. One in seven people mention '**privatisation/ more services provided by private sector**' (14%), significantly more than this time last year when fewer than one in twenty people mentioned it (3%). **The greater involvement of doctors and other healthcare professionals in commissioning services or saying how the NHS is run** is mentioned by 13% of people, a similar proportion to December 2010 (16%).⁵

⁵ Please note that the answer code in December 2011 was 'Doctors and other healthcare professionals commissioning services/ having more of a say in how the NHS is run' and in December 2010 it was 'GPs commissioning services/ GPs having more of a say in how the NHS is run'. This change was made to reflect the change in government policy.

The proportion of people mentioning ‘**organisational changes/ reconfiguration**’ has increased, from one in twenty in December 2010 (5%) to one in ten in December 2011 (9%). However, mentions of specific organisational changes such as ‘**cuts in managers**’ and ‘**cuts in bureaucracy**’ have decreased (from 10% in December 2010 to 6% now, and 9% in December 2010 to 5% respectively).

Awareness of NHS reforms

Q As far as you know, what do the government’s changes to the NHS involve?



Base: Adults aged 16+ in England: December 2011 (1001); December 2010 (1011)

Ipsos MORI

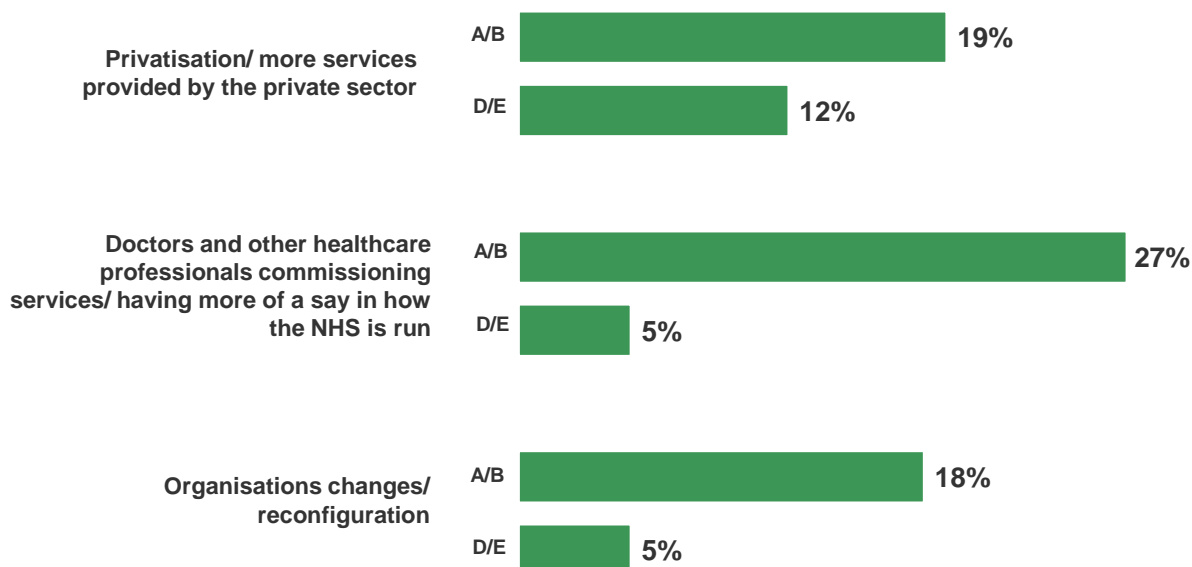
Source: Ipsos MORI/DH Perceptions of the NHS Tracker

Younger people are more likely to say they do not know what the government's changes to the NHS involve, with almost half of 16 to 24 year olds saying this compared with two fifths overall (48% compared with 38%).

Those who know someone who works for the NHS are more likely to mention privatisation as a change being made to the NHS than the public overall (20% compared with 14%). People of social grades A/B are more likely to mention privatisation than people of social grades D/E (19% compared with 12%). They are also more likely to mention 'doctors and other healthcare professionals commissioning services or having more of a say in how the NHS is run' (27% compared with 5%) and 'organisational change/ reconfiguration' (18% compared with 5%) than people of social grades D/E.

Awareness of NHS reforms by social grade

Q As far as you know, what do the government's changes to the NHS involve?



Base: Adults aged 16+ in England, December 2011: A/B (247); D/E (247)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

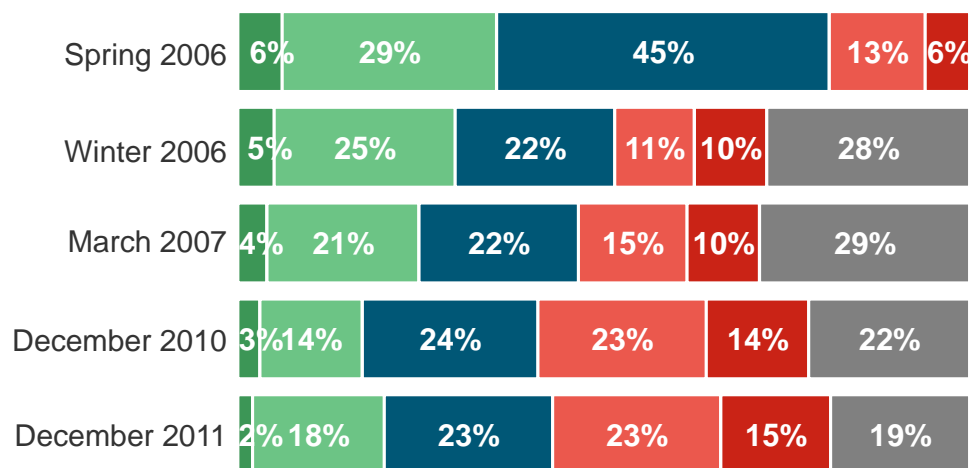
4.2 Expected impact of NHS reforms

As in December 2010, the public are not optimistic about the impact of the government reforms to the NHS. Only one in five think the changes will make services better for patients (20%), and just 2% think they will make services *much* better. Almost two in five think the changes will make services worse for patients (38%). Although these proportions are very similar to those recorded at the same time a year ago, public opinion about the impact of the changes is more negative now than at other times of significant reform to the NHS, as shown in the following chart.

Expected impact of NHS reforms

Q And thinking about these changes overall, from what you know, how much better or worse do you think services will be for patients?

■ Much better ■ A little better ■ Neither better nor worse
■ A little worse ■ Much worse ■ Don't know*



Base: Adults aged 16+ in England (c. 1000 per wave)

Ipsos MORI

*N.B Don't know was not an answer code option in Spring 2006 for this question Source: Ipsos MORI/DH Perceptions of the NHS Tracker Ipsos

It is important to bear in mind that, as mentioned earlier in this chapter, almost half of the public say they have not heard of any of the government's changes to the NHS or do not know what they involve (42%). Two thirds are able to name a change (62%). It is interesting to consider the perceived impact of the reforms amongst this group. Half of these respondents expect the changes to make services worse for patients (49%).

Those who mention 'hospital closures', 'cuts in frontline services', or other 'negative cuts'⁶ are particularly pessimistic, with seven in ten thinking the changes to the NHS will make services worse for patients (70%). Similarly, six in ten of those who mention privatisation think the changes will make things worse (60%).

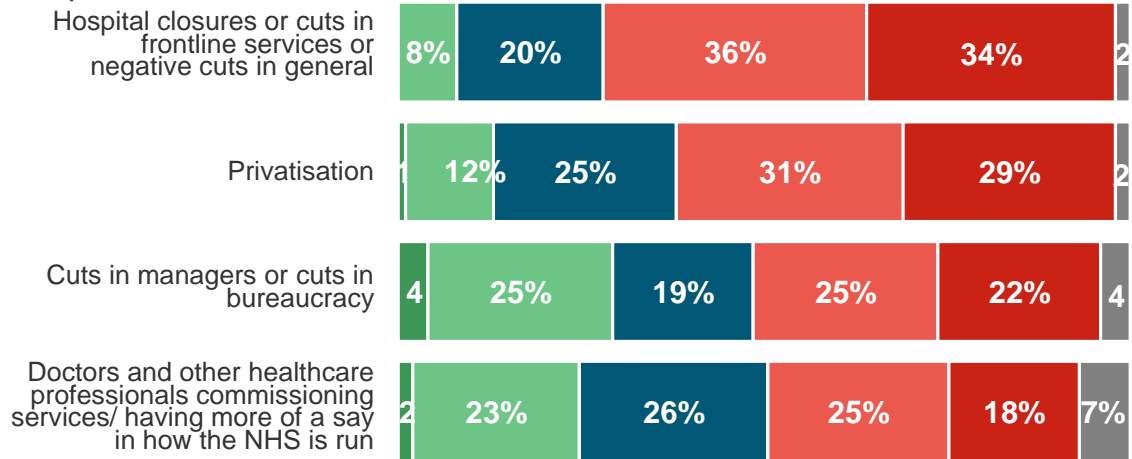
⁶ Please note this question allowed respondents to give an open ended response and the phrase 'other negative cuts' includes responses such as 'negative cuts', 'damaging cuts', or 'too many cuts'.

Expected impact of specific NHS reforms

Q And thinking about these changes overall, from what you know, how much better or worse do you think services will be for patients?

- Much better
- A little better
- Neither better nor worse
- A little worse
- Much worse
- Don't know

People who mentioned...



Base: Adults aged 16+ in England, December 2011: Hospital closures or cuts in frontline services or negative cuts in general (205); Privatisation (145); Cuts in managers or cuts in bureaucracy (86)*; Doctors and other healthcare professionals commissioning services/ having more of a say in how the NHS is run (133)

Ipsos MORI

*N.B Small base size means comparison of figures and trends is indicative only Source: Ipsos MORI/DH Perceptions of the NHS Tracker

4.2.1 Expected impact of specific reforms

Reactions to the reforms are more positive when the public are presented with specific policies.

- Two thirds of the public think that **moving services which have traditionally been provided in hospitals out into the community** will make services better for patients (66%) and just one in seven think this will make them worse (14%).
- Almost half of the public think that **GPs and other healthcare professionals having much more of a say in deciding how the NHS spends its money** will make the NHS better over the next few years (47%) compared with only a quarter who think this will make it worse (24%).

There is relatively less optimism for **NHS services and care being provided by a wider range of organisations**, although the balance of opinion is still positive. Close to four in ten think that NHS services and care being provided by a wider range of organisations, including the private sector and charities, will make the NHS better compared with three in ten who think it will make it worse (38% compared with 30%).

The difference between the public's reaction to the reforms as a whole compared with these specific policies is presented in the following chart. The question wordings are listed in the text box below. Three of the four questions were also asked in December 2010 and there has been very little change in responses.⁷ The question about widening provision of NHS services and care was asked for the first time in this wave of the survey.

⁷ Please note that the question wording in December 2011 mentioned 'GPs and other healthcare professionals' having more of a say in deciding how the NHS spends its money, whereas in December 2010 it only mentioned 'GPs'. This change was made to reflect the change in government policy.

Q And thinking about these changes overall, from what you know, how much better or worse do you think services will be for patients?

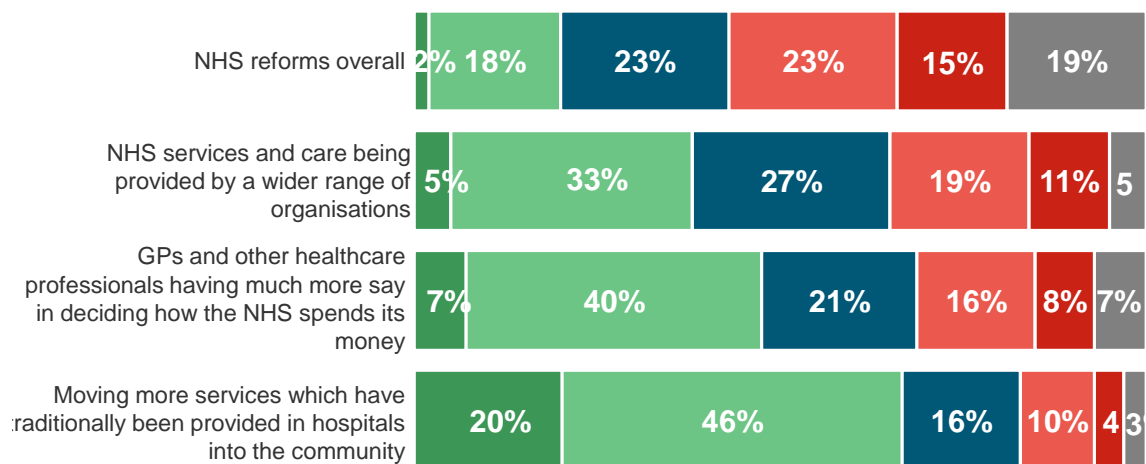
Q NHS services and care, whilst still free, will be provided by a wider range of organisations in future. This will include the private sector and charities. To what extent do you think this will make the NHS better or worse over the next few years, or will it stay the same?

Q The Government has announced that GPs and other healthcare professionals will have much more say in deciding how the NHS spends its money. To what extent do you think this particular policy will make the NHS better or worse over the next few years, or will it stay the same?

Q The NHS may move more services which have traditionally been provided in hospitals out into the community. This will mean more services are provided through GP practices or clinics or by NHS staff delivering them in patients' homes. How much better or worse do you think this will make services for patients?

Expected impact of reforms overall compared with specific reforms

- Much better/ Get a lot better
- A little better/ Get a little better
- Neither better nor worse/ Stay the same
- A little worse/ Get a lot worse
- Much worse/ Get a lot worse
- Don't know*



Base: Adults aged 16+ in England, December 2011 (1001)

Ipsos MORI
*N.B Different scales were used with different questions

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

Those who have not been hospital users⁸ in the last year are more likely to be positive about moving services out into the community than recent hospital users (71% compared with 62%). Those who are satisfied with the NHS overall are also more likely to be optimistic about this change (68% compared with 54% of those who are dissatisfied).

⁸ Hospital users are defined as those who have been inpatients, outpatients, or have visited an Accident and Emergency department in the last year. Non hospital users are defined as those who have not used any of these services in the last year.

Younger people are more likely to be positive about all three of the specific policies put to them:

- 77% of 16 to 24 year olds think moving services into the community will make the services better for patients compared with 66% overall;
- 56% of 16 to 24 year olds think GPs and other healthcare professionals having more of a say in deciding how the NHS spends its money will make the NHS better over the next few years compared with 47% overall; and
- 52% of 16 to 24 year olds think NHS services and care being provided by a wider range of organisations will make the NHS better over the next few years compared with 38% overall.

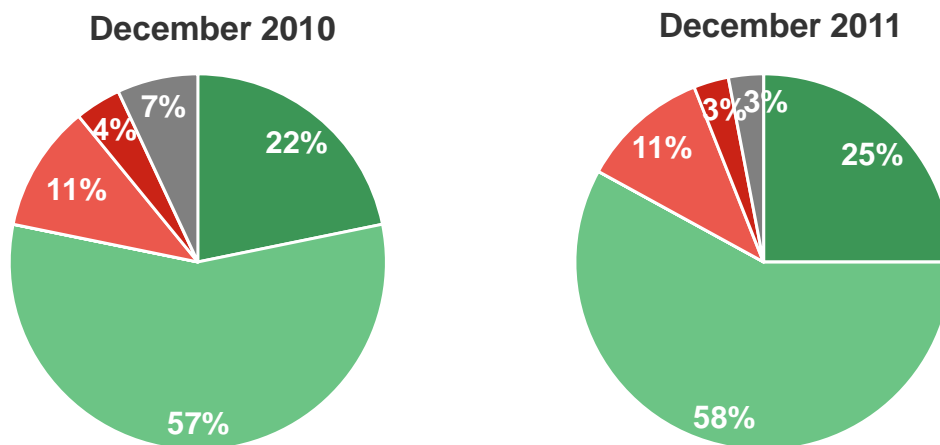
The relative popularity of the policy to give GPs and other healthcare professionals more of a say in NHS spending is likely to be linked to the high level of esteem in which GPs are held by the public (as discussed in chapter 2). This survey has consistently recorded very high levels of satisfaction with GPs (at least 83% of people have said they were satisfied with their last visit to their local doctor or GP since we started asking the question in 2002) and more than four in five agree that **GPs are best placed to understand which services their patients need** (83%). This proportion is very similar to that recorded in 2010 as the following chart shows.

GPs' understanding of patients' needs

Q Please tell me whether on the whole you agree or disagree with the following statement:

GPs are best placed to understand which services their patients need

- Strongly agree
- Tend to agree
- Strongly disagree
- Tend to disagree
- Don't know / Not stated



Base: Adults aged 16+ in England: December 2011 (1001); December 2010 (1011)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

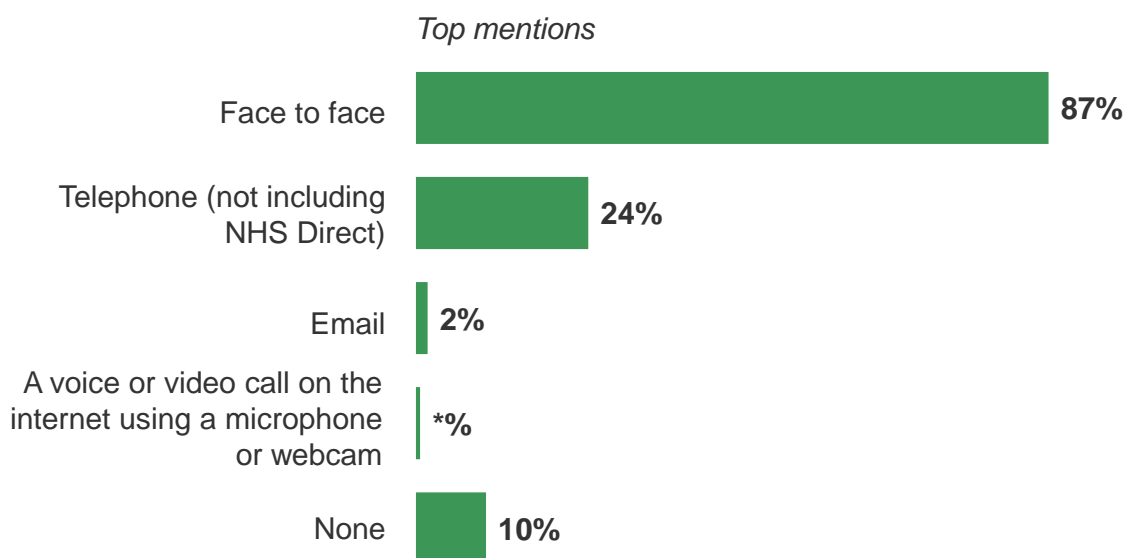
Older people and retired people are significantly more likely to agree that GPs are best placed to understand which services their patients need (89% of people aged 65 and over agree and 88% of retired people agree compared with 83% overall).

4.3 Emerging communication channels

The NHS was keen to understand how people currently use different communication channels to access NHS services and how likely they might be to use other ways in the future. Currently most people consult their GP face to face. Almost nine in ten of those questioned did so in the last year (87%). A quarter of people have consulted their GP via the telephone⁹ (24%), but very few have used any other communication channels. Just 2% have used email to consult their GP, and less than half a per cent have used a voice or video call on the internet with a microphone or webcam.

Current ways of communicating with GPs

Q In which, if any, of the following ways have you consulted your GP in the last year? By consulted your GP, I mean sought advice from them about a health related matter.



Base: Adults aged 16+ in England, December 2011 (1001)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

Older people are more likely to have consulted their GP face to face than people overall (91% of people aged 65 and over have consulted their GP face to face in the last year compared with 87% overall).

The numbers of people who have consulted their GP by email or a voice or video call on the internet in the last year are too small to identify any significant differences between different groups of users.

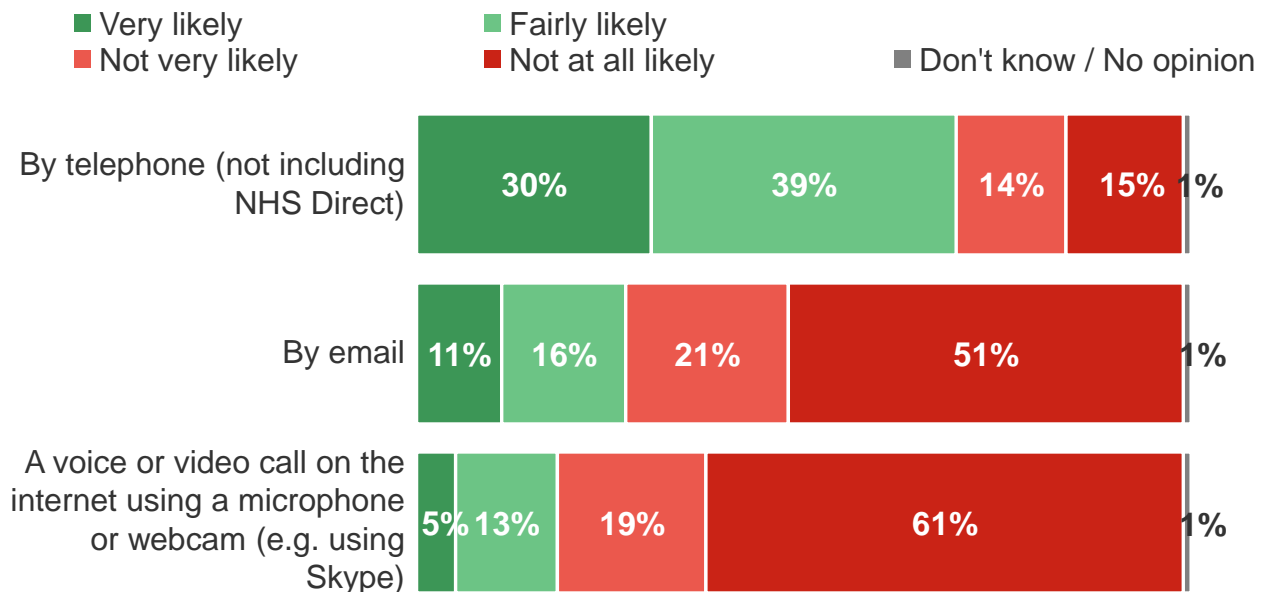
When asked how likely they would be to use various methods of communication in the future, most people who have not previously consulted their GP by telephone say they would be likely to do so (69%). Email is a less popular option though, with only three in ten people who have not previously consulted their GP by email saying they would (27%) and seven in ten saying they would not

⁹ The exact wording for this answer code was 'Telephone (not including NHS Direct)'.

(72%). Even fewer people would be likely to consult their GP via a voice or video call on the internet using a microphone or webcam. Fewer than two in ten people who have not already done so say they would do this (18%).

Likelihood of using non-traditional ways to communicate with GPs in future

Q If you were able to consult your GP in the following ways, how likely, if at all, would you be to do so? Again, by consulting your GP, I mean seeking advice from them about a health related matter.



Base: Adults aged 16+ in England, December 2011: All who have not consulted their GP in this way in the last year: By telephone (756); By email (986); By a voice or video call on the internet (999)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

It seems that those who are already more digitally engaged with the NHS are more likely to be open to using new digital channels to consult their GP. Those who have used NHS Direct or the NHS Choices website in the last year, but have not previously consulted their GP by email, are more likely to be willing to email their GP than others (45% compared with 27% overall). The same is true for consulting a GP via voice or video call on the internet. One third of those who have used NHS Direct or the NHS Choices website in the last year, but have not previously consulted their GP via voice or video call on the internet, would be likely to (34% compared with 18% overall).

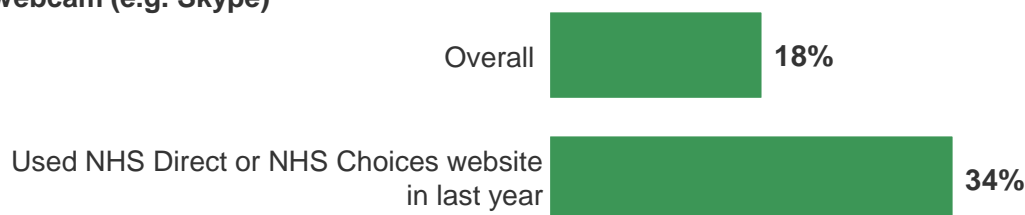
Likelihood to consult GP in non-traditional ways: differences by digital engagement level

% Likely to consult their GP by email



Base: Adults aged 16+ in England, December 2011: Overall – all who have not consulted their GP by email in the last year (986); All who have used NHS Direct or NHS Choices website in the last year and have not consulted their GP by email in the last year (226)

% Likely to consult their GP by voice or video call on the internet using a microphone or webcam (e.g. Skype)



Base: Adults aged 16+ in England, December 2011: Overall – all who have not consulted their GP by voice or video call on the internet in the last year (999); All who have used NHS Direct or NHS Choices website in the last year and have not consulted their GP by voice or video call on the internet in the last year (232)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

There are also differences in terms of social grade. People of social grades A/B are more likely to be willing to contact their GP by email or voice or video call on the internet than those who have not already done so overall (40% compared with 27% overall, and 28% compared with 18% overall respectively).

Likelihood to consult GP in non-traditional ways: differences by social grade

% Likely to consult their GP by email



Base: Adults aged 16+ in England, December 2011: Overall – all who have not consulted their GP by email in the last year (986); All who are social grades A/B and have not consulted their GP by email in the last year (243)

% Likely to consult their GP by voice or video call on the internet using a microphone or webcam (e.g. Skype)



Base: Adults aged 16+ in England, December 2011: Overall - all who have not consulted their GP by voice or video call on the internet in the last year (999); All who are social grades A/B and have not consulted their GP by voice or video call on the internet in the last year (247)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

Older people are the most likely to be reluctant to use either of these new methods to consult their GP. More than four in five of those aged 65 and over who have not previously emailed their GP say they would be unlikely to do so (86% compared with 72% overall). Further, 92% of those aged 65 and over who have not previously consulted their GP via a voice or video call on the internet would be unlikely to do so (compared with 80% overall).

Likelihood to consult GP in non-traditional ways: differences by age

% Unlikely to consult their GP by email



Base: Adults aged 16+ in England, December 2011: Overall – all who have not consulted their GP by email in the last year (986); All who are aged 65 and older and have not consulted their GP by email in the last year (219)

% Unlikely to consult their GP by voice or video call on the internet using a microphone or webcam (e.g. Skype)



Base: Adults aged 16+ in England, December 2011: Overall – all who have not consulted their GP by voice or video call on the internet in the last year (999); All who are aged 65 and older and have not consulted their GP by voice or video call on the internet in the last year (220)

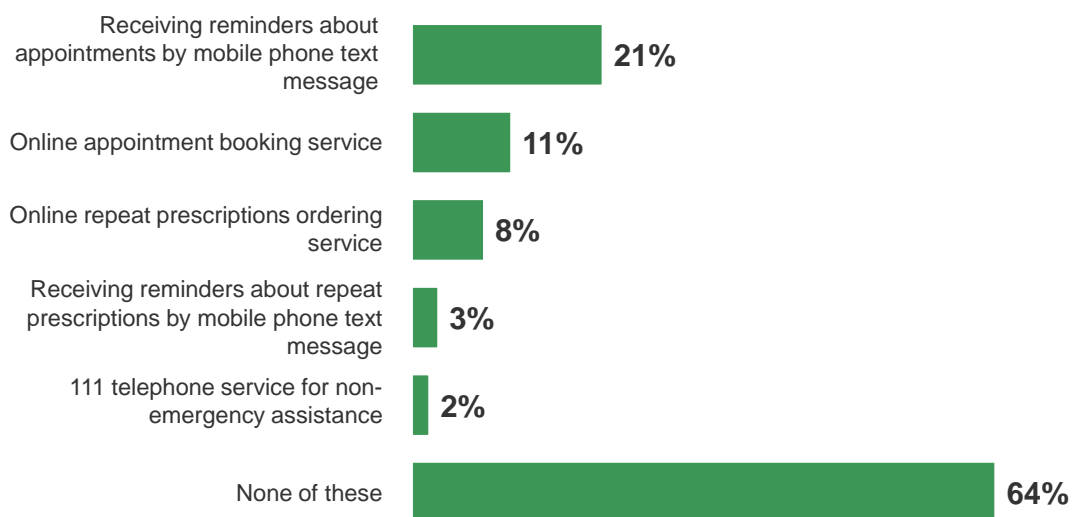
Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

Looking at NHS services more widely, to include hospitals, dentists and pharmacies, as well as GPs, one in five people have received a reminder about an appointment via a text message on their mobile phone in the last year (21%). Just over one in ten have booked appointments on the internet (11%) and a similar percentage has ordered repeat prescriptions online (8%). Less than one in twenty have received reminders about repeat prescriptions via a text message on their mobile phone (3%) or used the 111 telephone service for non-emergency assistance (2%). Almost two thirds of people have not used any of these services (64%).

Current ways of communicating with NHS services

Q Some people are starting to have contact with NHS services in a number of new ways. In which, if any, of the following ways have you had contact with an NHS service (such as your GP surgery, local hospital, dentist or pharmacy) in the last year?



Base: Adults aged 16+ in England, December 2011 (1001)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

Younger people are more likely to have received reminders about appointments by text messages on their mobile phones than older people (25% of 16 to 24 year olds and 32% of 25 to 34 year olds have compared with 9% of those aged 65 and over).

Key Perceptions of the NHS

5. Key Perceptions of the NHS

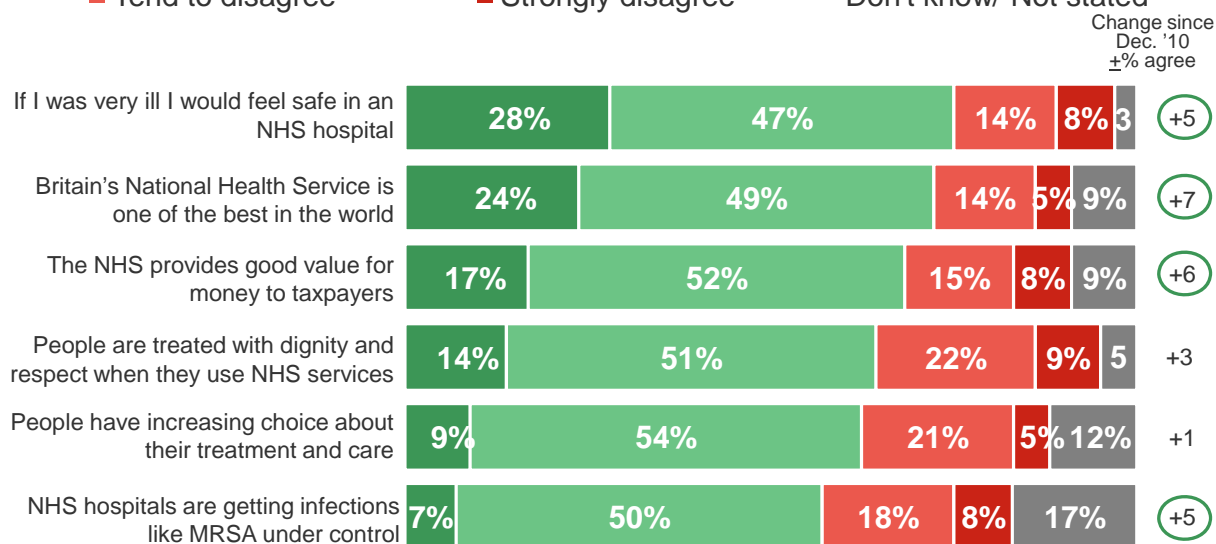
This chapter explores public attitudes to specific elements and attributes of the NHS. It shows that many aspects of the NHS are seen more positively than they were a year ago. In particular, the NHS is perceived to offer a high quality and good value service.

The two following charts provide a summary of these key perceptions of the NHS. Each statement is discussed in more detail throughout the course of this chapter.

Key perceptions of the NHS 1

Q Please tell me whether on the whole you agree or disagree with each of the following statements:

■ Strongly agree ■ Tend to agree
■ Tend to disagree ■ Strongly disagree ■ Don't know/ Not stated



Base: Adults aged 16+ in England, December 2011 (1001)

Ipsos MORI

Those circled indicate significant changes since December 2010

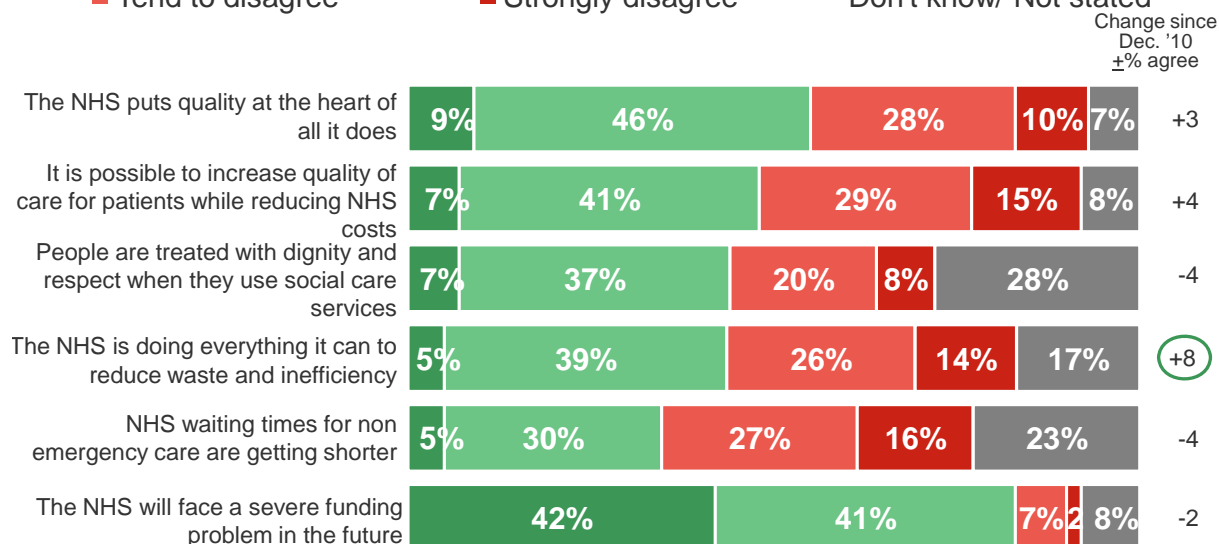
Source: Ipsos MORI/DH Perceptions of the NHS Tracker



Key perceptions of the NHS 2

Q Please tell me whether on the whole you agree or disagree with each of the following statements:

■ Strongly agree ■ Tend to agree
■ Tend to disagree ■ Strongly disagree ■ Don't know/ Not stated



Base: Adults aged 16+ in England, December 2011 (1001)

Ipsos MORI

Those circled indicate significant changes since December 2010

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

5.1 General performance indicators

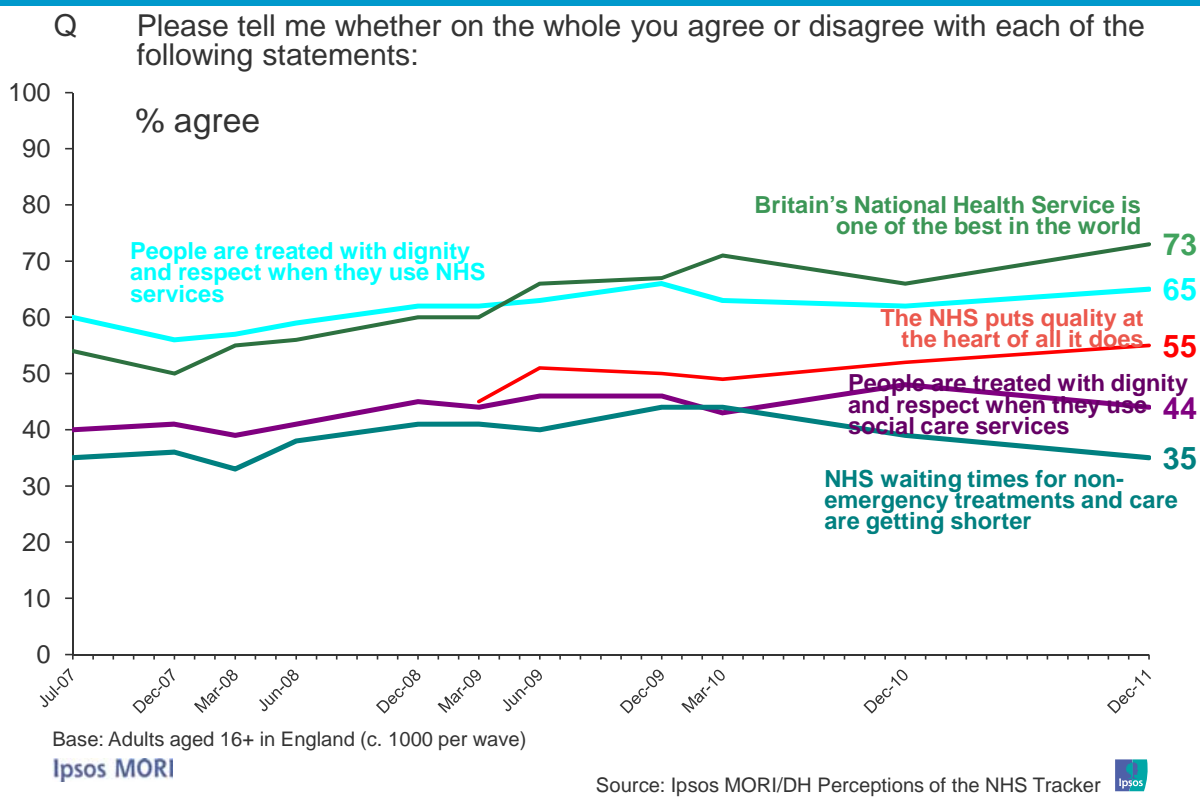
More than seven in ten agree that **Britain's National Health Service is one of the best in the world** (73%), which is a seven percentage point increase since a year ago. Although the reasons for this have not been captured by this research, it could be that emotional attachments to the NHS have heightened in the context of proposed changes. It may also reflect comparisons of the British healthcare system with other systems around the world, in particular the US system which was discussed widely in the media during 2011.

Being "treated with dignity and respect" by healthcare professionals has been identified as a key driver of overall satisfaction in previous analysis conducted for this study¹⁰. In December 2011, two thirds of people agree **people are treated with dignity and respect when they use NHS services** (65%). However, just two in five agree **people are treated with dignity and respect when they use social care services** (44%). Fewer people feel able to give an opinion about social care services (28% say they do not know if people are treated with dignity and respect when they use social care services compared with 5% who say they do not know in relation to NHS services) which is to be expected given the low level of exposure to social care among the general public (discussed in more detail in chapter 5).

¹⁰ Key Drivers of Satisfaction with the NHS, Ipsos MORI, June 2009. This analysis was based on the data collected during the waves of the Public Perceptions of the NHS and Social Care Tracker Survey conducted in 2008.

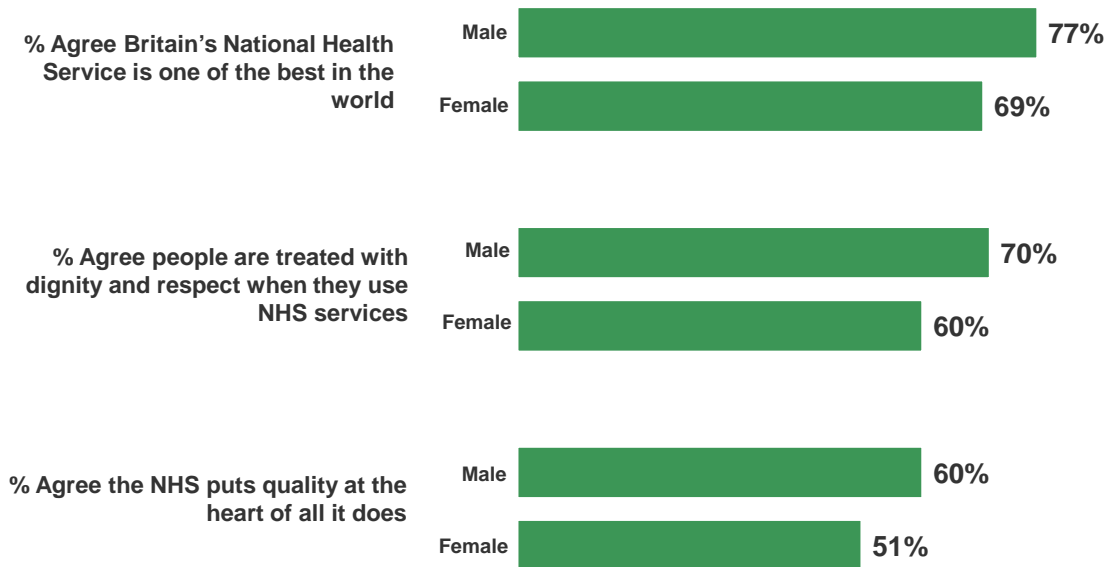
When asked directly about whether the **NHS puts quality at the heart of all it does**, over half the public agree (55%) while two in five disagree (38%). More people disagree than agree that **NHS waiting times for non-emergency treatments and care are getting shorter** however (43% disagree, 35% agree). The proportion of people agreeing with this statement has declined by nine percentage points from March 2010 when it was 44%.

General performance indicators



With regards to all of these statements relating to general performance indicators of the NHS, men are consistently more positive than women. This pattern is shown in the following chart.

General performance indicators: differences by gender



Base: Adults aged 16+ in England, December 2011: Male (474); Female (527)

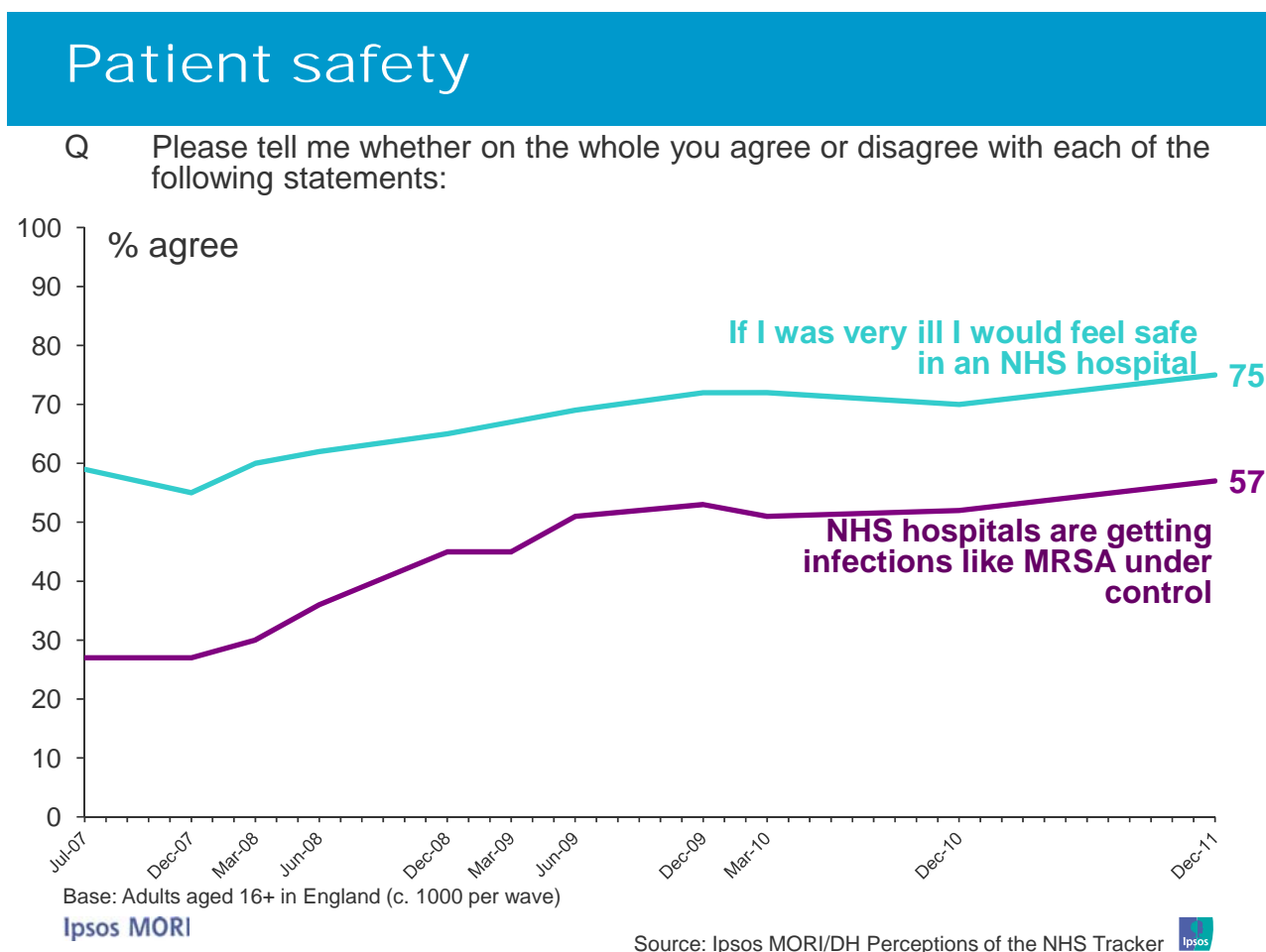
Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

5.2 Patient safety

Public perceptions of the safety of patients within NHS care have continued to improve between December 2010 and December 2011. This continues the positive trend achieved since 2007, as shown in the following chart.

Three quarters of the public now agree with the statement **if I was very ill I would feel safe in an NHS hospital** (75%), a rise of five percentage points since December 2010. Approaching three in five agree **NHS hospitals are getting infections like MRSA under control** (57%), which is also an increase of five percentage points since this time last year, and a 30 percentage point improvement since July 2007 when it was 27%.



Men are more positive than women about patient safety:

- Eight in ten men agree they would feel safe in an NHS hospital if very ill compared with seven in ten women (80% agree compared with 70%);
- Women are more likely to disagree that NHS hospitals are getting MRSA under control (30% of women disagree compared with 22% of men).

Differences in agreement about feeling safe in an NHS hospital between different age groups mirror differences between these age groups' overall perceptions of the NHS (discussed in chapter

2). 16 to 24 year olds and those aged over 65 and over would feel the safest (83% of those aged 16 to 24 agree that if they were very ill they would feel safe in an NHS hospital whilst 78% of those aged over 65 and over agree) and 35 to 54 year olds would feel the least safe (70% agree).

5.3 Budgeting and resourcing

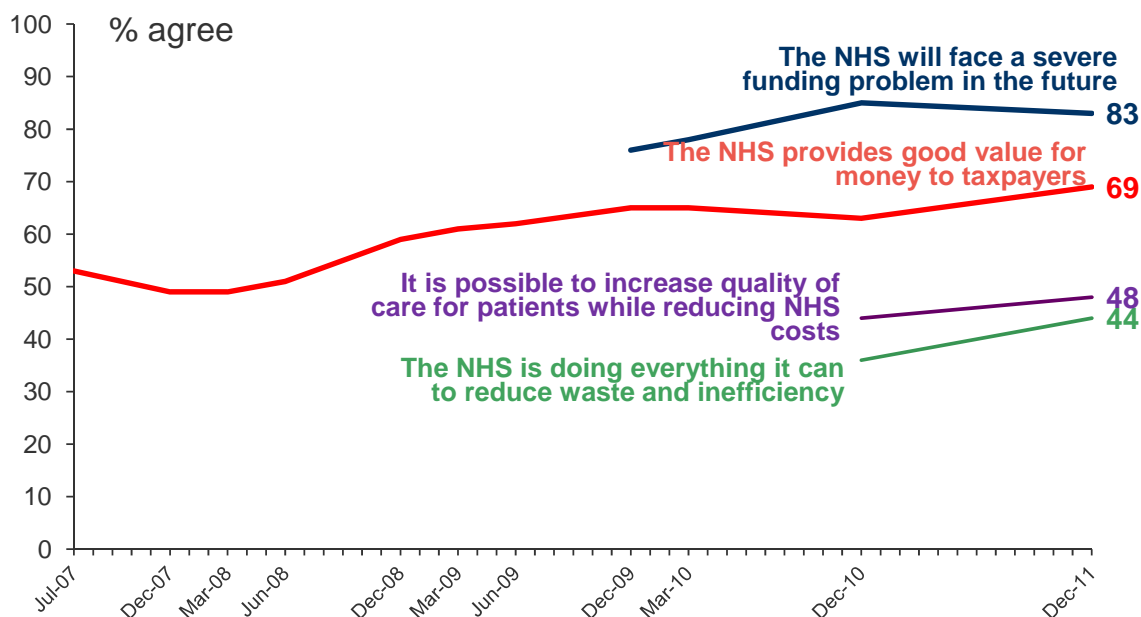
Although there is a high level of recognition that **the NHS will face a severe funding problem in future** (83% agree with this), there are increasingly positive views that **the NHS is doing everything it can to reduce waste and inefficiency** (44%, up from 36% a year ago) and that **it is possible to increase quality of care for patients while reducing NHS costs** (48%).

However, views are split with as many people disagreeing as agreeing. Two in five disagree that the NHS is doing everything it can to reduce waste (40%), and 44% disagree that it is possible to do this whilst increasing quality of care.

The majority of the public do agree, however, that **the NHS provides good value for money to taxpayers**. Seven in ten agree with this (69%), which is an increase of six percentage points since December 2010 and builds on the consistently positive trend since 53% agreement was first recorded in July 2007.

Budgeting and resourcing

Q Please tell me whether on the whole you agree or disagree with each of the following statements:



Base: Adults aged 16+ in England (c. 1000 per wave)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

Consistent with other key perceptions of the NHS, men are more likely than women to agree the NHS provides good value for money (72% compared with 66% of women). This is also most likely to be believed by those aged 65 and over (74% agree compared with 69% overall).

In line with perceptions of other aspects of the NHS, the 55 to 64 year old age group is more likely to be negative about the NHS. This age group is more likely to disagree the NHS is doing all it can to reduce waste and inefficiency (52% disagree compared with 40% overall), but agree that the NHS will face a severe funding problem in future (90% agree compared with 83% overall).

There are also lower levels of agreement that the NHS is doing everything it can to reduce waste and inefficiency among those of higher social grades. The following proportions agree that the NHS is doing everything it can in this respect:

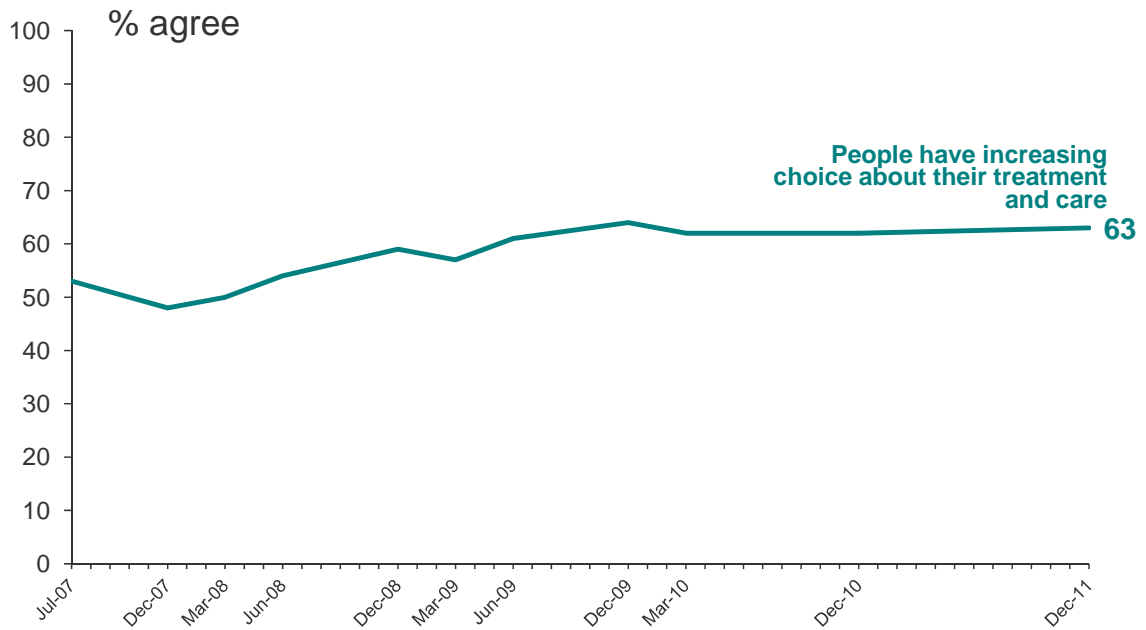
- 37% of those in social grade A/B agree;
- 39% of those in social grade C1 agree;
- 41% of those in social grade C2 agree;
- 56% of those in social grade DE agree.

5.4 Patient involvement

Over the last two years, agreement that **people have increasing choice about their treatment and care** has remained stable. Approaching two thirds agree that this is the case (63%), which is in line with findings recorded in December 2010 (62%) and December 2009 (64%).

Patient involvement

Q Please tell me whether on the whole you agree or disagree with each of the following statements:



Base: Adults aged 16+ in England (c. 1000 per wave)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker



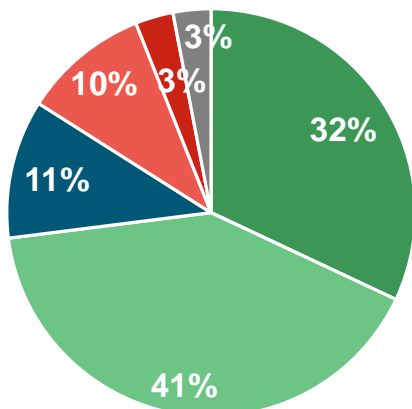
When respondents are asked to think back to the last time they saw a health professional, such as a GP or hospital doctor, they are positive about their level of involvement on that particular occasion. Nearly three quarters agree with the statement, **I was involved as much as I wanted to be in decisions about my care or treatment** (73%), with a third strongly agreeing that this was the case (32%). Fewer, but still the majority, agree that at this last visit they were **able to choose the treatment or services which best suited their needs** (58%).

Patient involvement in decisions about care

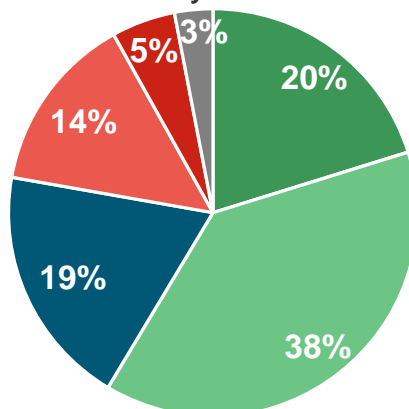
Q Thinking back to the last time you saw a health professional, such as a GP or hospital doctor, to what extent would you agree or disagree with each of the following statements.

- % Strongly agree
- % Tend to agree
- % Neither / nor
- % Strongly disagree
- % Tend to disagree
- % Don't know

A. I was involved as much as I wanted to be in decisions about my care or treatment



B. I was able to choose the treatment or service which best suited my needs



Base: Adults aged 16+ in England, December 2011 (1001)
Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

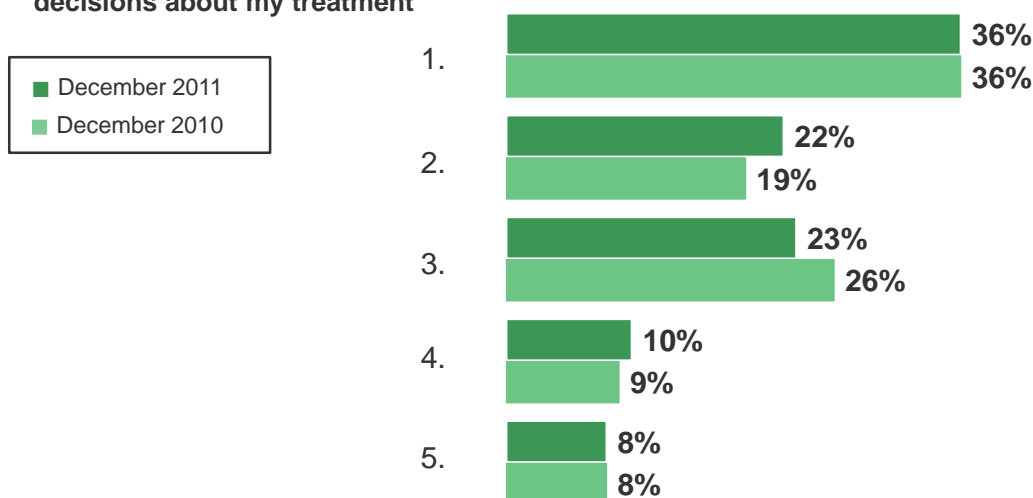
The following chart shows the amount of involvement people say they want in decisions about their treatment. The question allows people to place themselves on a spectrum (between a score of 1 and 5) from wanting a GP or consultant to make decisions about their treatment (a score of 1) to making their own decisions (a score of 5). More than a third of people say that the statement, **in general, I want a health professional, such as a GP or a consultant, to make decisions about my treatment** (code 1 on the scale), comes closest to their own opinion (36%). This compares to less than one in ten who say they most identify with the statement, **in general I want to make my own decisions about my treatment, not rely on a health professional, such as a GP or consultant** (code 5 on the scale, 8%). As the chart shows around two in five people gave a score of 2 or 3 (22% and 23%) on this 5-point scale, whilst one in ten gave a score of 4 (10%).

These results match those recorded a year ago in December 2010 (when 36% gave a score of 1, and 8% gave a score of 5 on the scale).

Desired level of involvement

Q Please listen to the following pair of statements and decide, on a scale of 1 to 5, which comes closest to your own opinion. A score of 1 means you agree much more with statement A while a score of 5 means you agree much more with Statement B.

A – In general, I want a health professional, such as a GP or a consultant, to make decisions about my treatment



B – In general, I want to make my own decisions about my treatment, not rely on a health professional, such as a GP or consultant

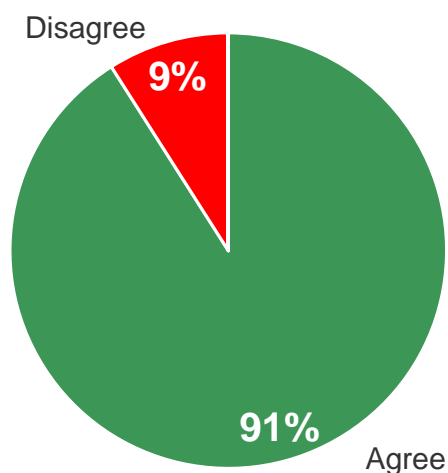
Base: Adults aged 16+ in England: December 2011 (1001); December 2010 (1011)
Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

Among people who have a long-standing illness, disability or infirmity, the majority agree that they **know where to go for information to help them manage their condition** (91%). Just one in ten disagree (9%).

Managing long-term conditions

Q On the whole, do you agree or disagree with the following statement:
I know where to go for information to help me manage my condition



Base: Adults aged 16+ in England, December 2011: All who have a long-standing illness, disability or infirmity (197)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

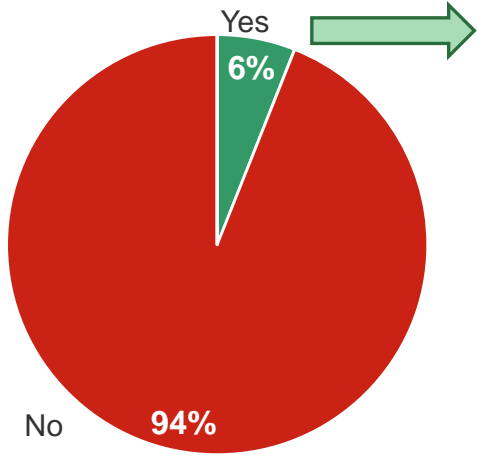
Looking at public involvement in the NHS beyond immediate decisions about their own treatment and care, only a small minority have ever **tried to get involved in decisions about how healthcare services are provided in their local area** (6%).

Among those who have tried to become involved in the provision of local services there are divided opinions about how easy or difficult it was to do so. Nearly three in five report that it was very or fairly easy (57%), while two in five say it was fairly or very difficult (43%).

A slightly larger proportion, although still a minority, have **looked for information about how their local healthcare services are performing** (14%). Three quarters of these respondents agree that it was easy to find this information (73%), whilst a quarter disagree (26%).

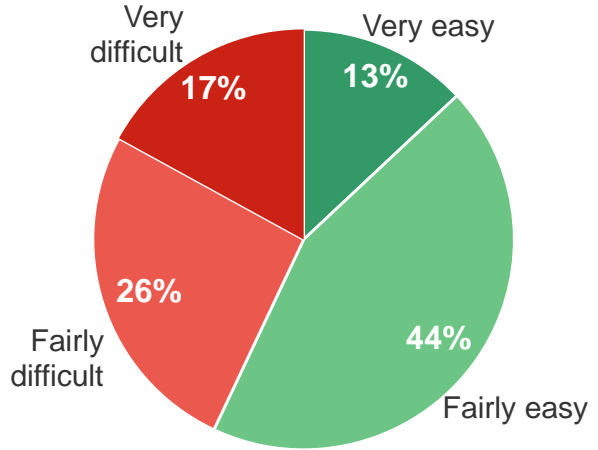
Involvement in local healthcare decisions

Q Have you ever tried to get involved in decisions about how healthcare services are provided in your local area?



Base: Adults aged 16+ in England, December 2011 (1001)
Ipsos MORI

Q How easy or difficult did you find it to get involved in decisions about how healthcare services are provided in your local area?

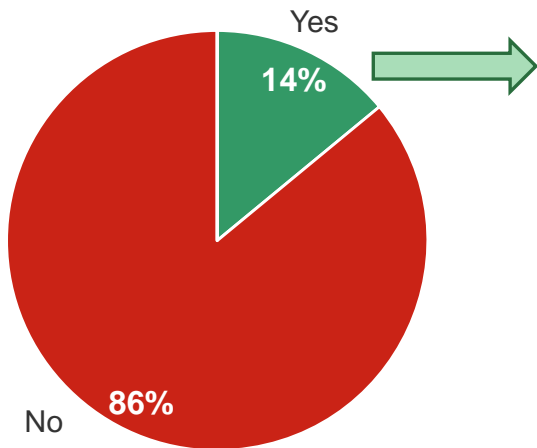


Base: Adults aged 16+ in England, December 2011: All who have tried to get involved in decisions about how local healthcare services are provided (62)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker Ipsos

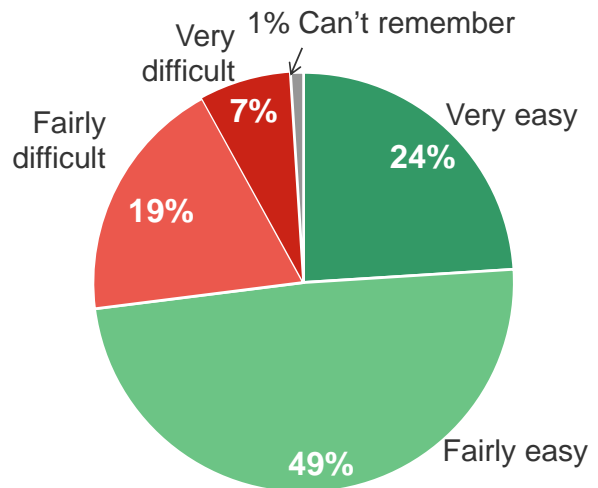
Information about quality of local healthcare services

Q Have you ever looked for information about how your local healthcare services are performing?



Base: Adults aged 16+ in England, December 2011 (1001)
Ipsos MORI

Q How easy or difficult was it to find this information?



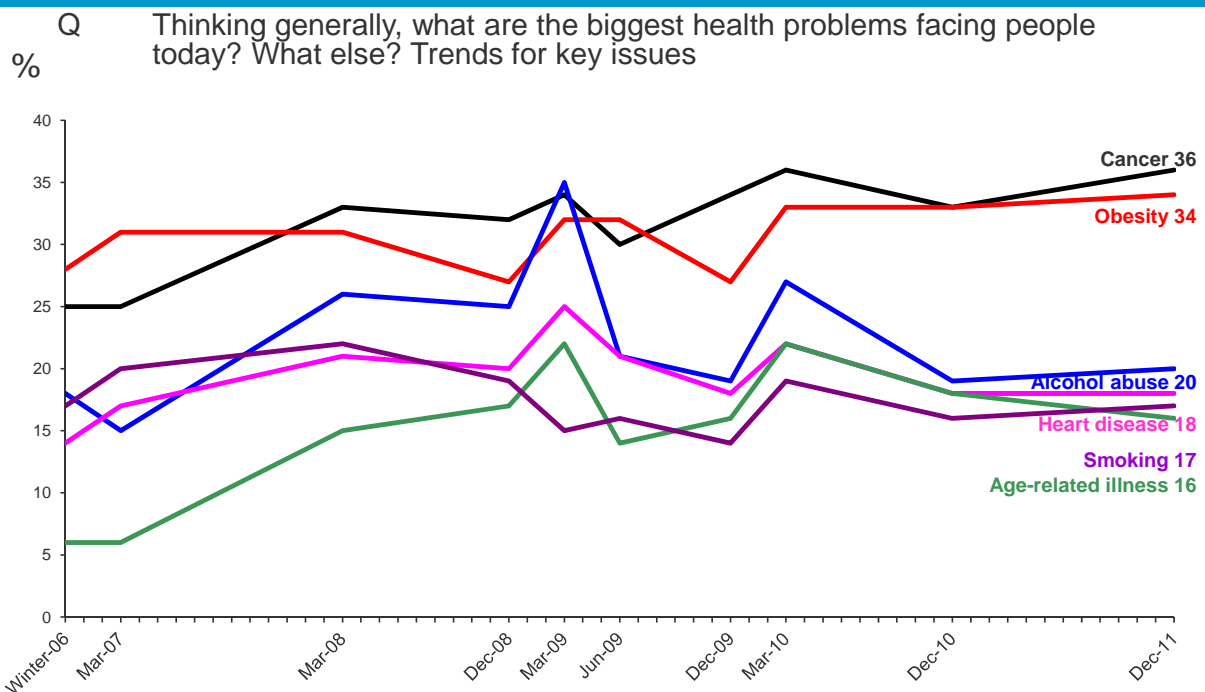
Base: Adults aged 16+ in England, December 2011: All who have looked for information about how local healthcare services are performing (139)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker Ipsos

5.5 Biggest health problems facing people today

There has been very little change since December 2010 in terms of what the public think are the biggest health problems facing people today. **Cancer** continues to be thought of as the biggest health problem facing people today (mentioned by 36%). This is closely followed by **obesity/overeating**, which 34% of people mention. **Alcohol abuse/drink-related illnesses/alcoholism/binge drinking** remains a public health concern (mentioned by 20%), as do **heart disease/attacks** (18%), **smoking/smoking-related illnesses** (17%) and **age-related illnesses** (16%). The relative positions of these different health problems in the minds of the public has not changed much over time, as shown in the chart below.

Biggest health problems facing people today: top 6



Base: Adults aged 16+ in England (c. 1000 per wave)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker



Social Care

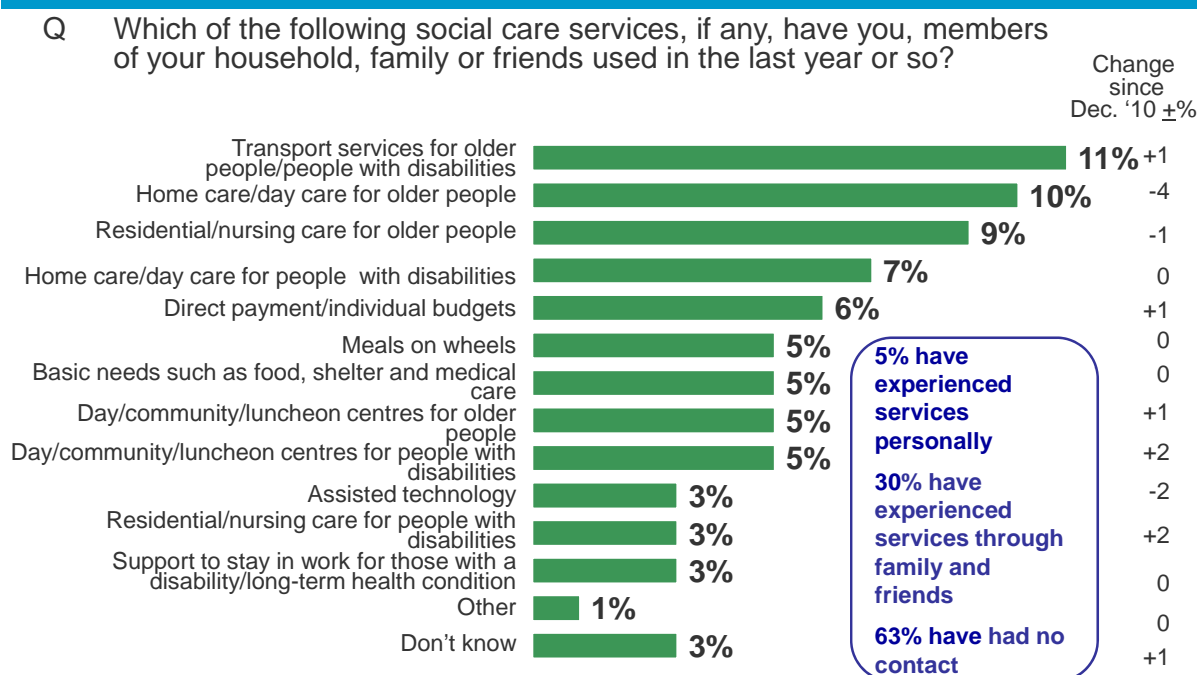
6. Social Care

6.1 Experience of social care

One in twenty people have personally used social care services in the last year (5%). A further 30% have had indirect contact with social care services via a household member, family member or friend. Of those who have used social care services (either directly or indirectly), less than one in five have used more than one social care service (18%). These proportions are fairly consistent with those recorded in December 2010 and at other times that we have asked these questions.

The most commonly used social care service is transport services for older people or people with disabilities, with one in ten people having experienced this (either personally, or through household members, family members or friends) in the last year (11%). Similar proportions have experienced home or day care for older people, again either personally, or through household members, family members or friends (10%) and residential/ nursing care for older people (9%).

Use of social care services



Base: Adults aged 16+ in England, December 2011 (1001)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker



There are some differences in use of social care services among people of different social grades:

- People of social grades A/B are more likely to have used transport services for older people or people with disabilities (either personally, or through household members, family members or friends) in the last year than people of social grades D/E (13% compared with 8%).

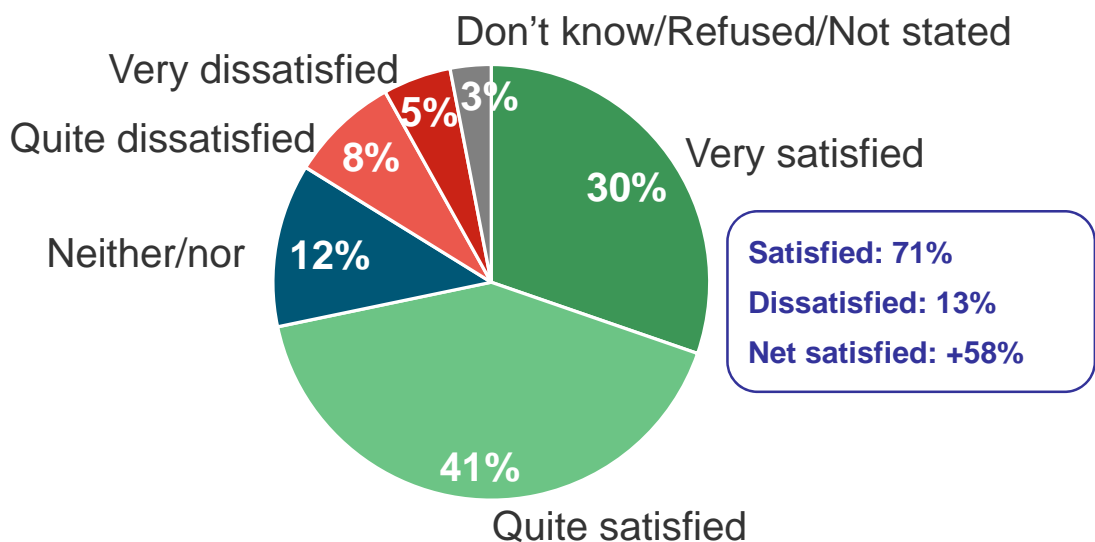
- They are also more likely to have used more than one social care service in the last year (either personally, or through household members, family members or friends) in the last year than people of social grades D/E (20% compared with 13%).

6.2 User satisfaction with social care

The majority of people who have received or experienced social care services are satisfied with them (71%), and three in ten are *very* satisfied (30%). Around one in seven people are dissatisfied (13%). These satisfaction levels are very similar to those recorded at this time last year and have remained consistent throughout the history of this survey, with small dips in satisfaction recorded in March 2008 and March 2010.

User satisfaction with social care

Q Overall, how satisfied or dissatisfied are you with the service?



Base: Adults aged 16+ in England, December 2011: all who have received/ experienced social care (348)

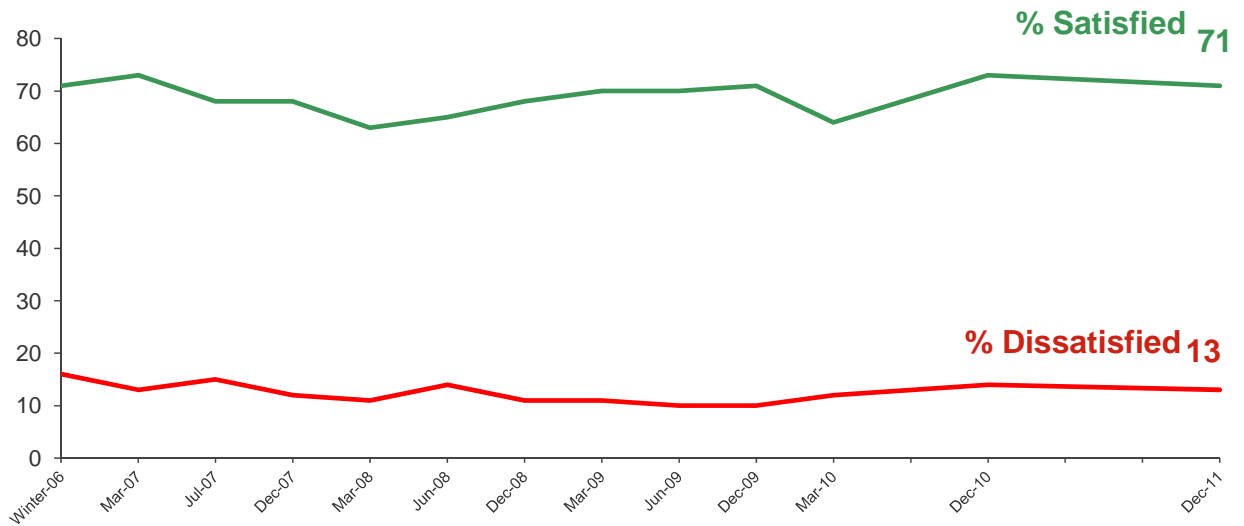
Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker



Trends in user satisfaction with social care

Q Overall, how satisfied or dissatisfied are you with the service?



Base: Adults aged 16+ in England who have received/ experienced social care (c.330 per wave)

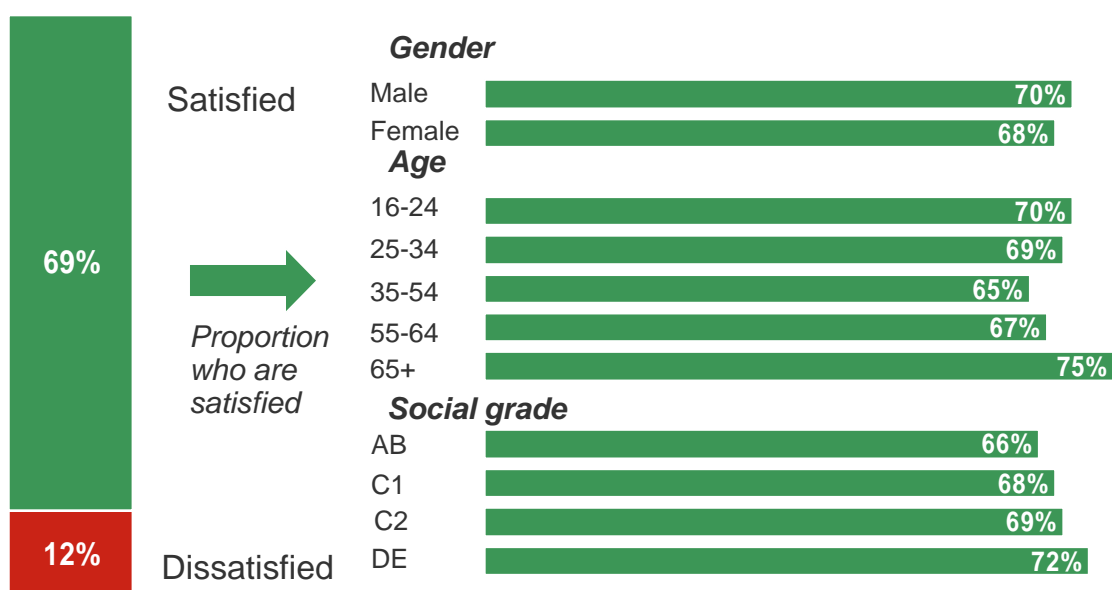
Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

When looking at aggregated data collected between December 2006 and December 2011, people aged 65 and over are the age group most likely to be satisfied with social care services (75% of those aged 65 and over are satisfied compared with 69% overall) and those aged 35 to 54 are the least likely to be satisfied (65% of 35 to 54 year olds are satisfied compared with 69% overall). This age differential mirrors patterns of satisfaction with the NHS. Those in social grades D/E are the most likely to be satisfied (72% of D/Es are satisfied compared with 69% overall).

Aggregated satisfaction with social care

Q Overall, how satisfied or dissatisfied are you with the service?



Base: Adults aged 16+ in England who have received/ experienced social care, Winter 2006 – December 2011 (4355)

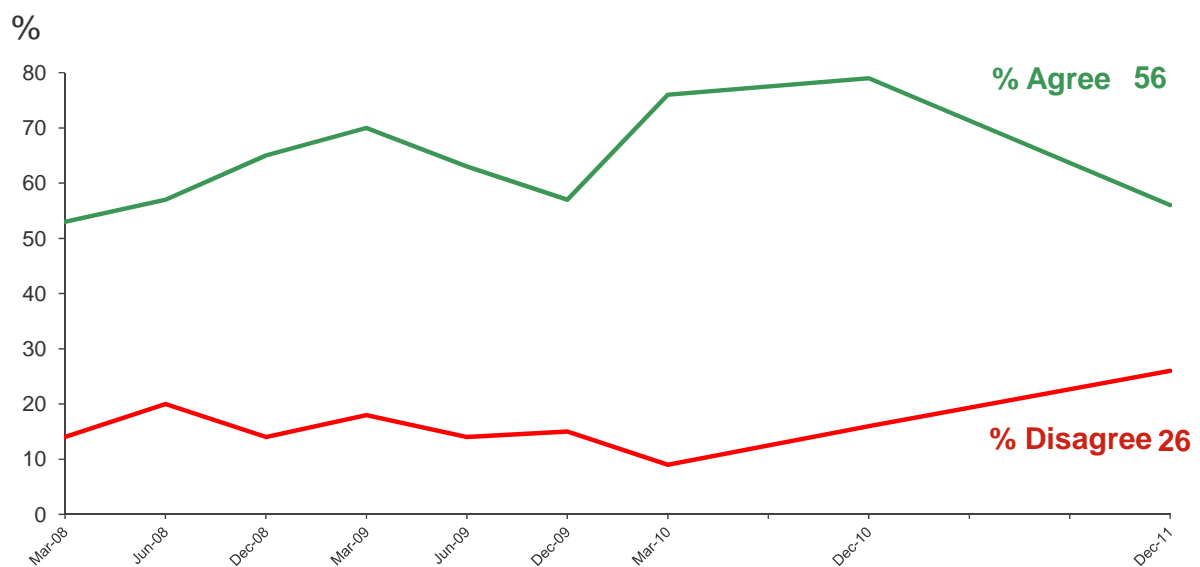
Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

Of those who have personally used social care services in the last year, just over half agree that **social care services take account of their personal needs** (56%), while a quarter disagree (26%). There has been a fall in agreement, accompanied by a rise in disagreement, since December 2010, when 79% of users agreed and 16% disagreed. Fluctuations in the assessment of the extent to which social care services have met users' needs have been seen before though and should be treated as indicative only, due the small number of direct users (48 people in the December 2011 wave).

Tailoring of social care

Q On the whole do you agree or disagree with the statement "Social care services I receive take account of my personal needs"?



Base: Adults aged 16+ in England who have received/ experienced social care personally (c.75 per wave)*

Ipsos MORI

*N.B small base size means comparison of figures and trends is indicative only Source: Ipsos MORI/DH Perceptions of the NHS Tracker



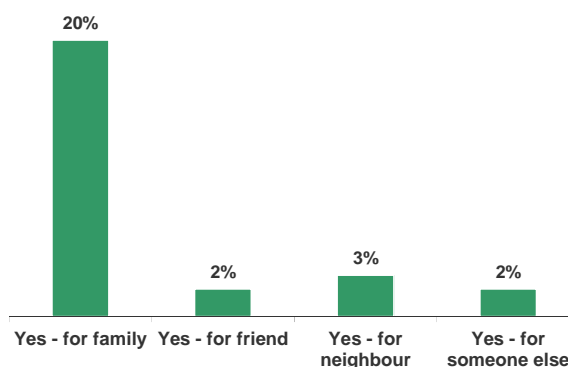
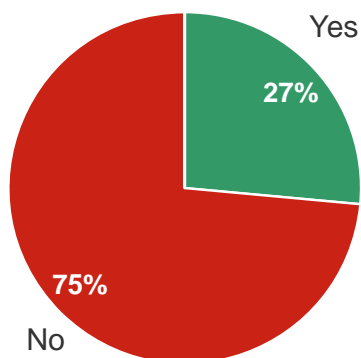
6.3 Provision of social care

More than a quarter of the public identify themselves as carers, with 27% saying they give help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age. This care is most commonly provided to family members (20%), followed by neighbours (3%), and then friends (2%) and others (2%).

Social carers

Q Do you look after, or give any help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age?

Don't know/Not sure (*)



Base: Adults aged 16+ in England, December 2011: Overall (1001); Those who carry out informal social care (254)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

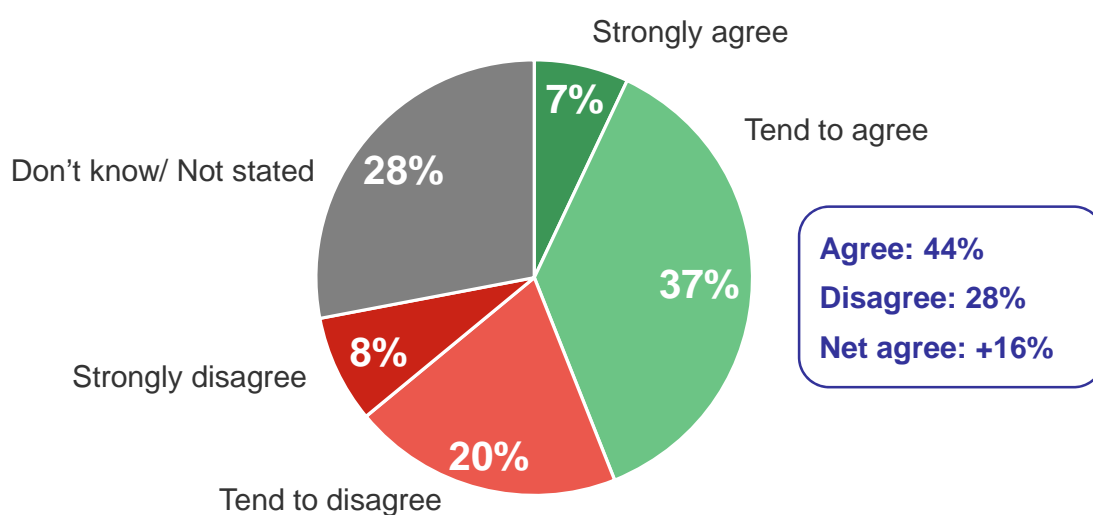
A large majority of these carers agree that they know where to go for information to help them look after the people they care for (88%). Only one in ten disagree (9%).

6.4 Public perceptions of social care services

Looking beyond users and at the public overall, there is divided opinion about whether or not **people are treated with dignity and respect when using social care services**. More than four in ten people agree they are (44%), but close to three in ten disagree (28%). A significant proportion say they do not know whether people are treated with dignity and respect (28%) which is not necessarily surprising given the low level of exposure that the general public has to these services, as discussed earlier. There has been an eight point percentage increase in the percentage of people disagreeing with this statement since December 2010, when 20% of people disagreed.

Dignity and respect

Q Please tell me whether on the whole you agree or disagree with each of the following statements: People are treated with dignity and respect when they use social care services?

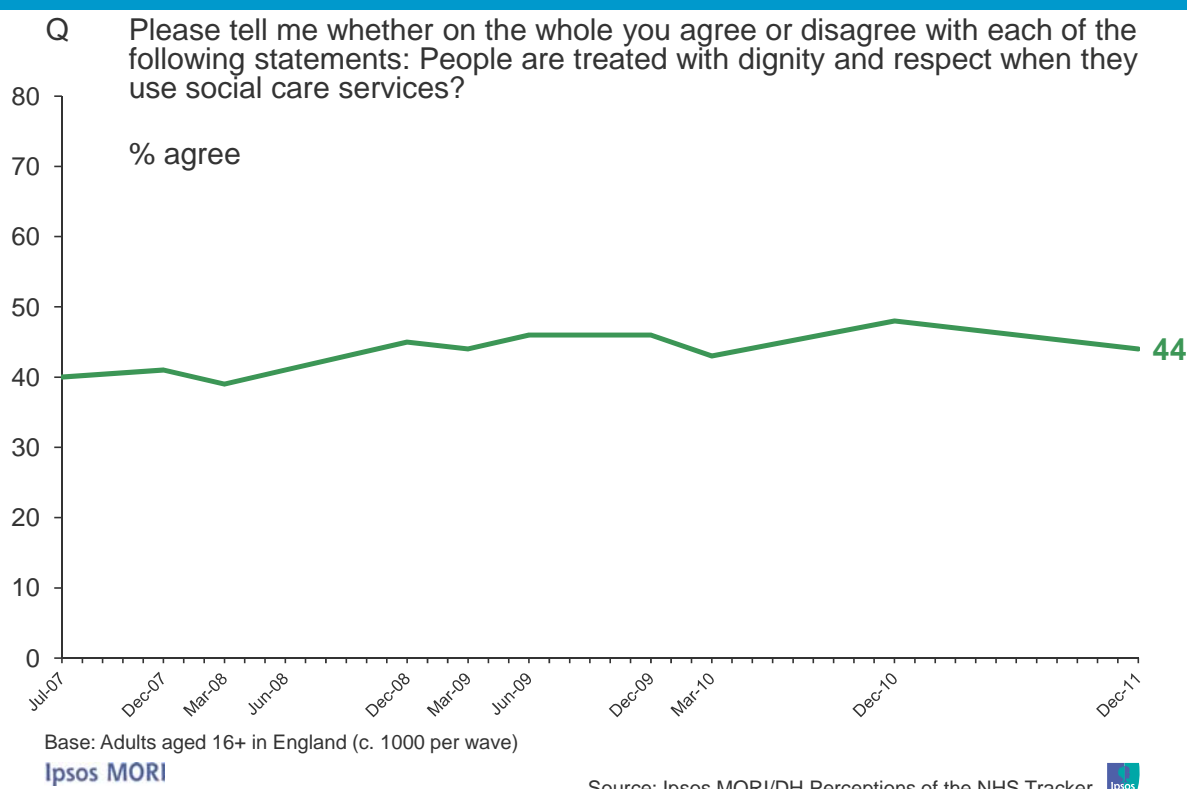


Base: Adults aged 16+ in England, December 2011 (1001)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

Trends in dignity and respect



There are some differences in levels of agreement between people of different age groups:

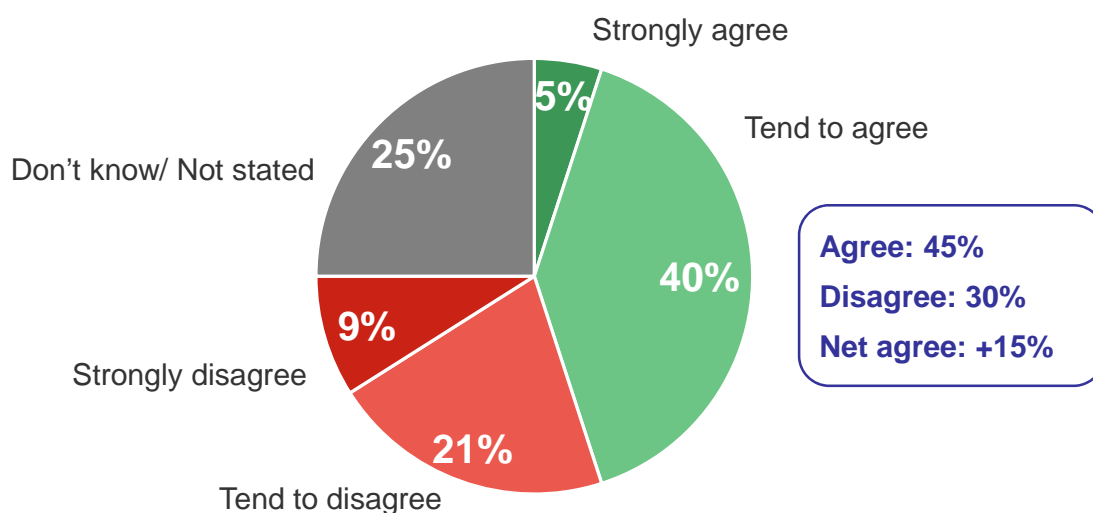
- Younger people are most likely to agree that people are treated with dignity and respect when they use social care services (55% of 16 to 24 year olds agree compared with 44% overall).
- Those aged 35 to 54 are most likely to disagree (34% of 35 to 54 year olds and 36% of 55 to 64 year olds disagree compared with 28% overall).

Those who provide social care to others (as defined earlier in this chapter) are more likely to disagree that people are treated with dignity and respect when using social care services (35% disagree compared with 28% overall).

Members of the public are also unsure whether or not **NHS and social care services work well together to give people coordinated care**. While more than four in ten agree that they do (45%), three in ten disagree (30%) and a quarter say they do not know (25%). These figures have remained reasonably stable throughout the course of this research.

Coordination of NHS and social care services

Q Please tell me whether on the whole you agree or disagree with each of the following statements: NHS and social care services work well together to give people coordinated care?



Base: Adults aged 16+ in England, December 2011 (1001)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker



Again, those who provide social care to others (as defined earlier in this chapter) are more likely to disagree that NHS and social care services work well together to give people coordinated care (39% of this group disagree compared with 30% overall).

6.5 Public perceptions of national and local social care policy

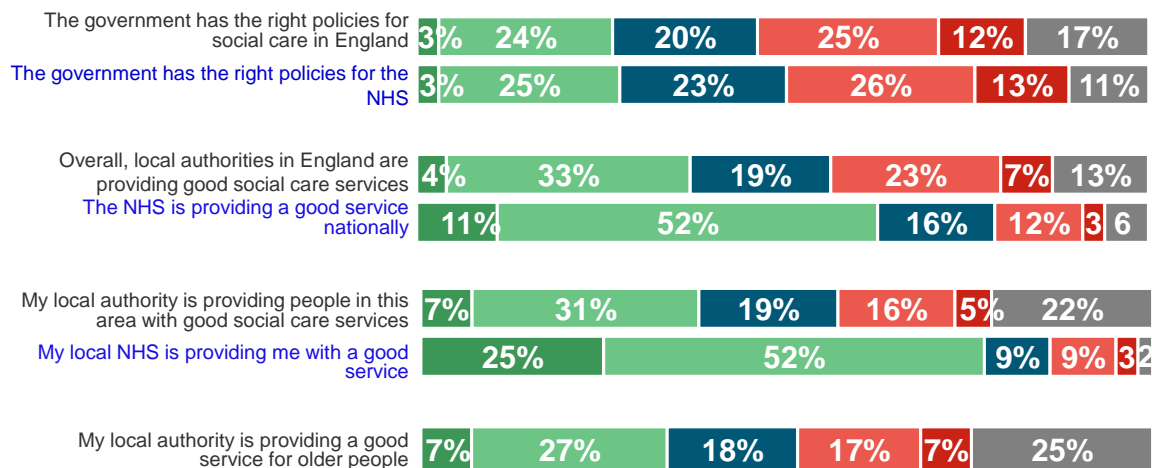
There is a perception gap between the public's attitude towards national policies for social care and delivery of local social care services, which mirrors the gap seen for the NHS. Close to two in five people agree that **their local authority is providing people in their area with good social care services** (38%), but less than three in ten agree that **the government has the right policies for social care in England** (27%).

There has been a rise in the proportion of people who disagree that the government has the right policies for social care in England (up from 29% in December 2010 to 37% now). There has been a corresponding decrease in the proportion of people saying they neither agree nor disagree (from 27% in December 2010 to 20% now) suggesting that more people are now willing to give an opinion about social care policies in England.


Similar proportions of people agree that **local authorities in England are providing good social care services** (37%), as agree that **their local authority is providing a good service for older people** (34%) and that **their local authority is providing people in their area with good social care services** (38%).

Attitudes to social care: local versus national

■ Strongly agree ■ Tend to agree ■ Neither agree nor disagree
■ Tend to disagree ■ Strongly disagree ■ Don't know/ Not stated

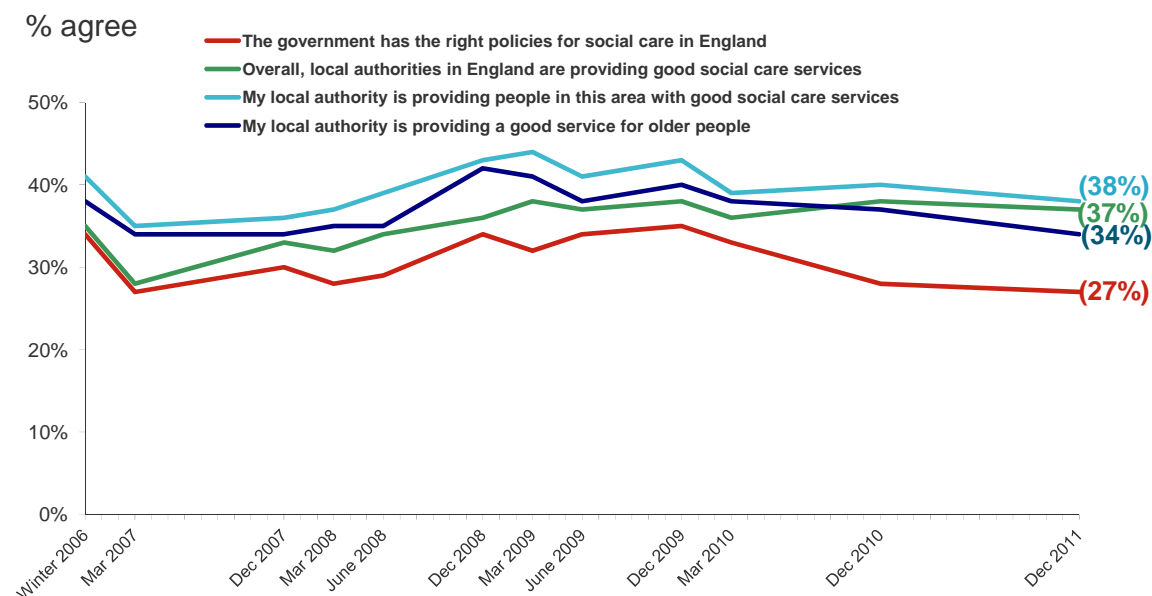


Base: Adults aged 16+ in England, December 2011 (1001)
 Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

Trends in attitudes to social care

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



Base: Adults aged 16+ in England (c. 1000 per wave)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

Those who think that the government has the right policies for the NHS are twice as likely to agree that the government has the right policies for social care in England as people overall (52% compared with 27% overall).

There are discernable differences between people of different age groups in terms of attitudes towards social care policy, and these mirror attitudes amongst these age groups towards the government's policies about the NHS:

- Those aged 35 to 54 and 55 to 64 are more likely to disagree that the government has the right policies for social care in England (43% of 35 to 54 year olds and 51% of 55 to 64 year olds disagree compared with 37% overall), whereas
- Older people and younger people are more likely to agree that the government has the right policies for social care in England (33% of people aged 65 and over and 34% of 16 to 24 year olds agree compared with 27% overall);
- Younger people are also more likely to say they do not know if the government has the right policies for social care though (26% compared with 17% overall).

Carers (as defined earlier in this chapter) are more negative about social care services than the public overall. They are more likely to disagree that their local authority is providing people in their

area with good social care services (26% compared with 21% overall) and a good service for older people (30% compared with 24% overall).

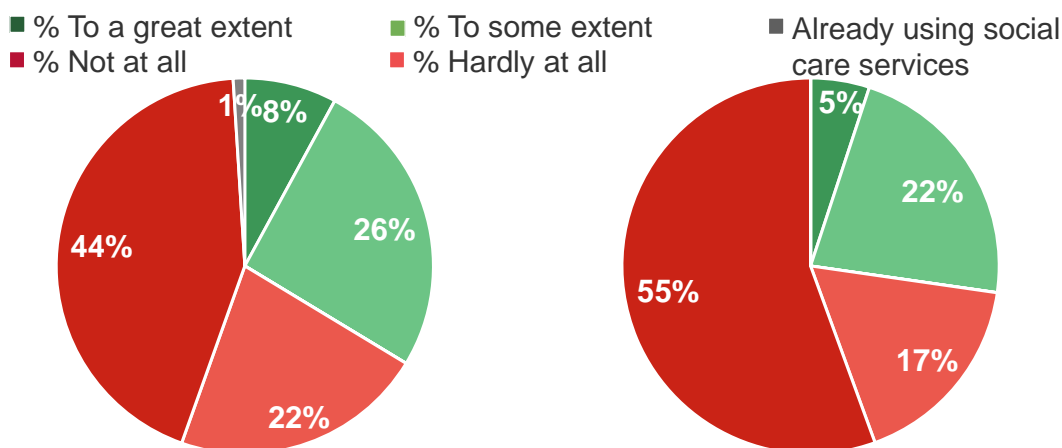
6.6 Financial preparation for future social care needs

One area of social care policy currently under review concerns how social care will be funded in the future. This research finds that the majority of people are not preparing financially to pay for the social care services they might need in the future. Three quarters say they have hardly, or have not, started preparing compared with just a quarter who have (72% compared with 27%). Slightly more people have *thought* about preparing financially to pay for the social care services they might need when they are older though. One third of people have thought about this and two thirds have not or have hardly thought about it at all (34% compared with 66%).

Financial preparation for social care services

Q Many people will need to use social care services when they are older and it is likely that they may have to contribute towards the cost. Before today, to what extent had you thought about preparing financially to pay for social care services you might need when you are older?

Q To what extent are you already preparing financially to pay for the social care services you might need when you are older?



Base: Adults aged 16+ in England, December 2011 (1001)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

Those aged 65 and over are not significantly more likely to have started thinking about preparing financially for future social care services they might need and to have actually started doing so than the public overall. Those aged 35 to 54 are more likely to have done both though:

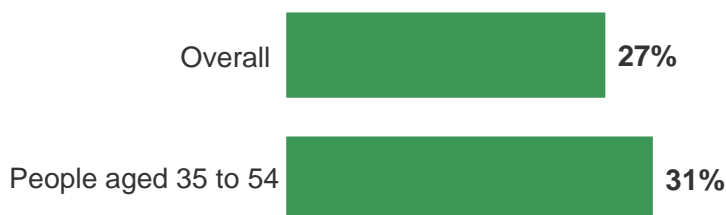
- 38% of those aged 35 to 54 have thought about preparing financially compared with 34% overall, and
- 31% of those aged 35 to 54 are already preparing financially compared with 27% overall.

Financial preparation for social care services: 35 to 54 year olds

% Who have thought about preparing financially to pay for social care services they might need when older



% Who are already preparing financially for the social care services they might need when they are older



Base: Adults aged 16+ in England, December 2011: Overall (1001); 35-54 year olds (331)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

Younger people are least likely to have started to either think about or actually prepare financially:

- 83% of those aged 16 to 24 have hardly thought or have not thought at all about preparing financially compared with 66% overall, and
- 90% of those aged 16 to 24 are hardly preparing or are not at all preparing financially compared with 72% overall.

Financial preparation for social care services: 16 to 24 year olds

% Who have hardly thought or have not thought at all about preparing financially to pay for social care services they might need when older



% Who are hardly preparing or not are not at all preparing financially for the social care services they might need when they are older



Base: Adults aged 16+ in England, December 2011: Overall (1001); 16-24 year olds (123)

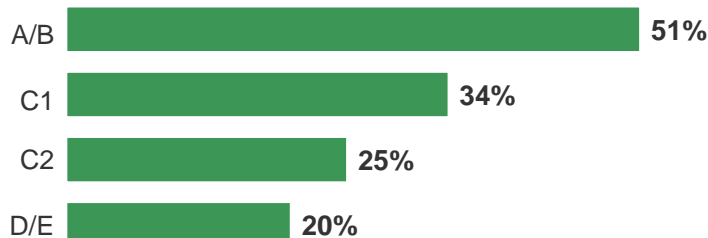
Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

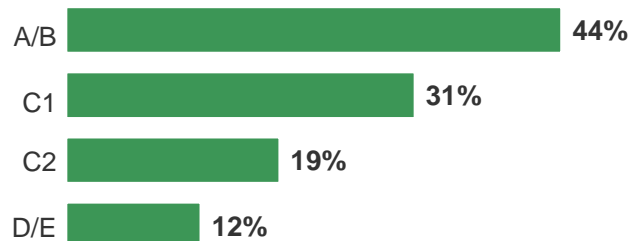
There are also differences in terms of social grade. People of social grades A/B are more likely to have both thought about and to have started preparing financially for social care services in the future than people of other social grades, as can be seen in the following chart.

Financial preparation for social care services by social grade

% Who have thought about preparing financially to pay for social care services they might need when older



% Who are already preparing financially for the social care services they might need when they are older



Base: Adults aged 16+ in England, December 2011: A/B (247); C1(306); C2 (201); D/E (247)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

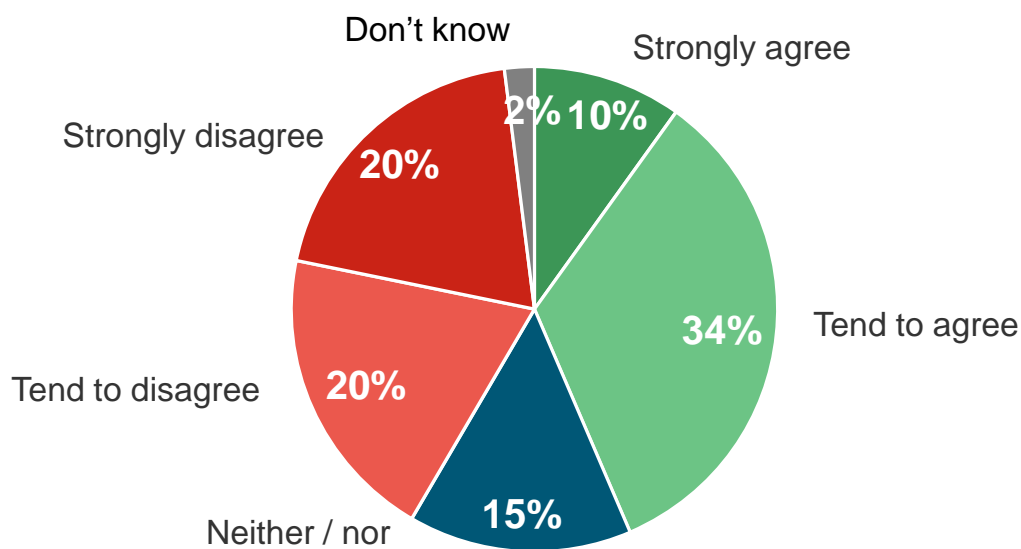
Women are also more likely to have thought about and to have started preparing financially for social care services in the future than men:

- 37% of women have thought about preparing financially compared with 30% of men, and
- 31% of women have actually started doing so, compared with 24% of men.

The public are divided about where responsibility for the funding of social care lies. The percentage of people who agree that it is **their responsibility to save so that they can pay towards their care in the future** is very similar to the percentage that disagrees (44% agree and 40% disagree).

Responsibility to pay for social care services when older

Q Please tell me whether you agree or disagree with the following statement. It is my responsibility to save so that I can pay towards my care when I am older.



Base: Adults aged 16+ in England, December 2011 (1001)

Ipsos MORI

Source: Ipsos MORI/DH Perceptions of the NHS Tracker 

People of social grades A/B are more likely than the public overall to agree that it is their responsibility to save so that they can pay towards their care in the future (56% agree compared with 44% overall). People aged 25 to 34 are also more likely to agree (63% compared with 44% overall).

Background and Technical Details

Appendices: Technical Details

Appendix A. Methodology

Ipsos MORI carried out 1,001 interviews among a representative sample of adults aged 16 and over living in 104 output areas (OAs) across the 9 Government Office Regions (GORs) of England.

The OAs were selected systematically from an ordered list. OAs were given a measure of size equal to the number of adults aged 16 and over present in the OA. The selection OAs was then made using probability of selection proportional to the OA's size and selected systematically "1 in N", with a random start location. All OAs within each GOR were sorted by ward and by demographic type (i.e. the percentage of people who were social grade A/B), with individual sampling points then selected at random.

Within each OA, quotas were set using the Office of National Statistics mid-year estimates for 2004 to reflect the profile of the areas in terms of age, sex, and work status. At the analysis stage, data were weighted to the population profile in terms of age, sex, working status and GOR according to the ONS mid-year estimates for 2004.

All interviews were conducted face-to face and in-home, between 14th November and 9th December 2011.

The December 2011 wave was conducted using CAPI (computer-assisted personal interviewing), as was the December 2010 wave. Previous waves of this research have been conducted using interviewer administered pen-and-paper interviewing.

Appendix B. Referenced reports

Where relevant, this report draws on research and data from other publications, produced both by Ipsos MORI and other organisations. Where other data is used this is clearly referenced in a footnote. Below is a summary of these publications:

- **The GP Patient Survey July – September 2011 Summary Report**, Ipsos MORI conducts the GP Patient Survey for the Department of Health. Access results at: http://www.gp-patient.co.uk/results/latest_weighted/summary
- **Ipsos MORI Key Drivers of Satisfaction with the NHS, Ipsos MORI, June 2009**, As part of our ongoing work for the Department of Health, Ipsos MORI conducted a piece of in-depth analysis aimed at understanding and exploring the drivers of satisfaction with the National Health Service. This consisted of a series of Key Drivers Analyses on a range of different data sources, including the Perceptions of the NHS Tracking study, Ipsos MORI's monthly Political Monitor, Ipsos MORI's monthly Issues Index, the Delivery Index and the NHS Staff Survey.

In addition, where appropriate, this report compares results from this wave of the Public Perceptions of the NHS and Social Care Tracking survey with those obtained in previous waves of this survey. Key details of all previous waves of the survey are listed below.

- **Spring 2000:** results based on 1,046 face-to-face, and in-home, interviews among a representative sample of adults aged 16+ living in 104 EDs between 14 April – 7 May 2000;
- **Winter 2001:** results based on 1,021 interviews across 104 EDs between 21 November – 10 December 2001;
- **Spring 2002:** results based on 1,041 interviews across 108 EDs between 4 May – 5 June 2002;
- **Winter 2002:** results based on 1,002 interviews across 108 EDs between 21 November – 24 December 2002;
- **Spring 2003:** results are based on 1,000 interviews across 108 EDs between 12 May – 8 June 2003;
- **Winter 2003:** results are based on 1,039 interviews across 104 EDs between 18 November 2003 – 18 January 2004;
- **Spring 2004:** results are based on 1,031 interviews across 104 EDs between 4 June – 6 July 2004;
- **Winter 2004:** results are based on 994 interviews across 102 OAs (Output Areas) between 13 November – 12 December 2004, and;
- **Spring 2005:** results are based on 1,002 interviews across 101 OAs between 1 June – 7 July 2005.
- **Winter 2005:** results are based on 1,041 interviews across 104 OAs between 12 November - 13 December 2005.
- **Spring 2006:** results are based on 1,009 interviews across 129 OAs between 13 June – 9 July 2006.
- **Winter 2006:** results are based on 1,011 interviews across 86 OAs between 10 November – 3 December 2006.
- **March 2007:** results are based on 1,013 interviews across 87 OAs between 3 March – 2 April 2007.
- **July 2007:** results are based on 1,026 interviews across 113 OAs between 22 June – 20 July 2007.
- **December 2007:** results are based on 1,011 interviews across 88 OAs between 12 November – 15 December 2007.
- **March 2008:** results are based on 1,036 interviews across 88 output areas between 10 March – 6 April 2008.
- **June 2008:** results are based on 1,003 interviews across 88 output areas between 27^h May and 23rd June 2008.
- **December 2008:** results are based on 1,003 interviews across 104 output areas between 17 November – 15 December 2008.
- **March 2009:** results are based on 1,015 interviews in 104 output areas between 9 March and 5 April 2009.
- **June 2009:** results are based on 1,039 interviews in 104 output areas between 25th May and 26th June 2009.
- **December 2009:** results are based on 1,008 interviews in 104 output areas between 12 November and 10 December 2009.

- **March 2010:** results are based on 1,006 interviews in 104 output areas between 22nd February and 22nd March 2010.
- **December 2010:** results are based on 1,011 interviews in 104 output areas between 22nd November and 23rd December 2010.

Appendix C. Presentation and interpretation of the data

Where this report refers to figures for those “satisfied”, this is an aggregate sum of those who say they are “very satisfied” and those who say they are “fairly satisfied”. In turn, “dissatisfied” figures refer to an aggregate sum of those who say they are “very dissatisfied” and those who say they are “fairly dissatisfied”.

References are also to “net” figures in this volume. This represents the balance of opinion on attitudinal questions, and provides a particularly useful means of comparing the results for a number of variables. In the case of a “net satisfaction” figure, this signifies the proportion of people satisfied about a particular issue minus the proportion of people who are dissatisfied. For example, if a question recorded results of 40% of people saying they are satisfied and 25% saying they are dissatisfied, the “net satisfaction” score would be +15 points.

Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of “don’t know” categories, or respondents being able to give multiple answers to the same question. Throughout the volume an asterisk (*) denotes any value of less than half of one percent but greater than zero.

It is worth bearing in mind that this survey deals with public perceptions at the time of the survey rather than facts; in particular, these perceptions may or may not accurately reflect levels and quality of service actually being delivered by the NHS.

Appendix D. Guide to statistical reliability

It should be remembered that a sample and not the entire population of adults living in the 9 GORs of England has been interviewed. In consequence, all results are subject to sampling tolerances, which means that not all differences between results are statistically significant. For example, for a question where 50% of the people in a weighted sample of 1,000 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than plus or minus three percentage points from the result that would have been obtained from a census of the entire population (using the same procedures).

Indications of approximate sampling tolerances for this survey, and for surveys of smaller groups of respondents, are provided in the table below. As shown, sampling tolerances vary with the size of the sample and the size of the percentage results. This survey used a quota sampling approach. Strictly speaking the tolerances applied here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be as accurate.

Size of sample on which survey result is based	Percentage point difference required for significance at or near these percentage levels		
	10% or 90%	30% or 70%	50%
100 interviews	+/- 6	+/- 9	+/- 10
200 interviews	+/- 4	+/- 6	+/- 7
300 interviews	+/- 3	+/- 5	+/- 6
400 interviews	+/- 3	+/- 5	+/- 5
500 interviews	+/- 3	+/- 4	+/- 4
600 interviews	+/- 2	+/- 4	+/- 4
700 interviews	+/- 2	+/- 3	+/- 4
800 interviews	+/- 2	+/- 3	+/- 4
900 interviews	+/- 2	+/- 3	+/- 3
c. 1,000 interviews	+/- 2	+/- 3	+/- 3

Source: Ipsos MORI

Different groups within a sample (e.g. men and women) may have different results for the same question. A difference has to be of a certain size in order to be statistically significant though. To test if a difference in results between two sub-groups within a sample is statistically significant one, at the 95% confidence interval, the differences between the two results must be greater than the values provided in the table below. Again, strictly speaking the sampling tolerances shown here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be as accurate.

Size of sample on which survey result is based	Percentage point difference required for significance at or near these percentage levels		
	10% or 90%	30% or 70%	50%
100 and 100	+/- 8	+/- 13	+/- 14
100 and 200	+/- 7	+/- 11	+/- 12
100 and 300	+/- 7	+/- 10	+/- 11
100 and 400	+/- 7	+/- 10	+/- 11
100 and 500	+/- 7	+/- 10	+/- 11
200 and 200	+/- 7	+/- 10	+/- 11
200 and 300	+/- 5	+/- 8	+/- 9
200 and 400	+/- 5	+/- 8	+/- 9
200 and 500	+/- 5	+/- 8	+/- 8
300 and 300	+/- 5	+/- 7	+/- 8
300 and 400	+/- 5	+/- 7	+/- 8
300 and 500	+/- 4	+/- 7	+/- 7
400 and 400	+/- 4	+/- 6	+/- 7
400 and 500	+/- 4	+/- 6	+/- 7
500 and 500	+/- 4	+/- 6	+/- 6
1,011 and 1,001 (December 2010 and December 2011 surveys)	+/- 3	+/- 4	+/- 4

Source: Ipsos MORI

Appendix E. Guide to social classification

The following table contains a brief list of social grade definitions as used by the Institute of Practitioners in Advertising. These groups are standard on all surveys carried out by Ipsos MORI.

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

Source: Ipsos MORI

Appendix F. Sample profile

	<i>Unweighted</i>		<i>Weighted</i>	
	<i>n</i>	<i>%</i>	<i>n</i>	<i>%</i>
Total	1001	100	1001	100
Gender				
Male	474	47	486	49
Female	527	53	515	51
Age				
16-24	123	12	143	14
25-34	158	16	167	17
35-54	331	33	350	35
55-64	169	17	143	14
65+	220	22	198	20
Social Grade				
AB	247	25	249	25
C1	306	31	312	31
C2	201	20	201	20
DE	247	25	239	24
Work Status				
Full-time	508	51	551	55
Not full-time	493	49	450	45
Ethnicity				
White	750	75	747	75
Black	161	16	159	16
Asian	74	7	78	8
Mixed	10	1	11	1

Source: Ipsos MORI

Appendix G. Questionnaire

Good morning, afternoon, evening. My name is from Ipsos MORI, the market and opinion research organisation, and we are carrying out a survey on health issues in your area and nationally. The interview will take about 20 minutes.

I would like to assure you that all the information we collect will be kept in the strictest confidence, and used for research purposes only. It will not be possible to identify any particular individual or address in the results. PLEASE DO NOT INFORM RESPONDENTS WHO THE CLIENT IS - IF RESPONDENTS ASK, TELL THEM THAT YOU WILL REVEAL THIS INFORMATION AT THE END OF THE INTERVIEW.

Q1. SHOWCARD A (R) **Overall, how satisfied or dissatisfied are you with the running of the National Health Service nowadays?** SINGLE CODE ONLY

Very satisfied	
Quite satisfied	
Neither satisfied nor dissatisfied	
Quite dissatisfied	
Very dissatisfied	
Don't know/Refused	

Q2. SHOWCARD B (R) **To what extent, if at all, do you agree or disagree with the following statements?** READ OUT STATEMENTS a-c. ROTATE ORDER. SINGLE CODE ONLY

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know/No opinion
The government has the right policies for the NHS						
The NHS is providing a good service nationally						
My local NHS is providing me with a good service						

Q3. **Thinking about the NHS over the next few years do you expect it to...?** READ OUT STATEMENTS a-e. REVERSE ORDER. SINGLE CODE ONLY

Get much better	
Get better	
Stay about the same	
Get worse	
Get much worse	
Don't know	

Q4. SHOWCARD C (R) **Which of the following health services, if any, have you personally used in the last year or so? Just read out the letter or letters that apply.** MULTICODE OK

Been an inpatient at an NHS hospital		
Attended an NHS hospital as an outpatient		
Visited an accident and emergency (A&E) department		GO TO FILTER AT Q5
Used NHS Direct		
Visited a Pharmacist/Chemist for medical advice		GO TO Q6
Used the NHS Choices website		
Used a walk-in clinic		
Visited an NHS GP		
Used social care services		
None of these		
Don't know/refused		

ASK IF HAVE BEEN INPATIENT, OUTPATIENT OR VISITED A&E IN THE LAST YEAR AT Q4 (MORE THAN ONE CODE AT CODES 1-3) OTHERS GO TO Q6.

IF ONLY ONE CODE MENTIONED AT Q4 CODES 1-3 DO NOT ASK Q5 BUT DO CODE THAT RESPONSE BELOW

Q5. SHOWCARD D (R) **You say you have been an NHS inpatient, or an NHS outpatient or have visited an A&E department in an NHS hospital within the last year or so. Which ONE of these was the most recent hospital visit you have made as a patient? Just read out the letter that applies.** SINGLE CODE ONLY

Been an inpatient at a NHS hospital	
Attended an NHS hospital as an outpatient	
Visited an accident and emergency (A&E) department	
Don't know	

ASK ALL

Q6. SHOWCARD E (R) **Now thinking about the last time you visited an NHS hospital, overall, how satisfied or dissatisfied were you with this last visit as a patient?** SINGLE CODE ONLY

Very satisfied	
Fairly satisfied	
Neither satisfied or dissatisfied	
Fairly dissatisfied	
Very dissatisfied	
Don't know/no opinion	

Q7. SHOWCARD E AGAIN (R) **Now thinking about the last time you visited your local doctor or GP, overall, how satisfied or dissatisfied were you with this last visit as a patient?** SINGLE CODE ONLY

Very satisfied	
Fairly satisfied	
Neither satisfied or dissatisfied	
Fairly dissatisfied	
Very dissatisfied	
Not applicable/haven't been	
None/Don't know	

Q8. SHOWCARD F (R) **In which, if any, of the following ways have you consulted your GP in the last year? By consulted your GP, I mean sought advice from them about a health related matter.** MULTICODE OK

Face to face	
Telephone (not including NHS Direct)	
Email	
A voice or video call on the internet using a microphone or webcam (e.g. using Skype)	
Other	
None	
Don't know	

ASK Q9 FOR EACH CODE NOT SELECTED AT Q8

Q9. SHOWCARD G (R) **If you were able to consult your GP in the following ways, how likely, if at all, would you be to do so? Again, by consulting your GP, I mean seeking advice from them about a health related matter.** MULTICODE OK. READ OUT STATEMENTS A-C. ROTATE ORDER.

	Very likely	Fairly likely	Not very likely	Not at all likely	Don't know/ No opinion
By telephone (not including NHS Direct)					
By email					
A voice or video call on the internet using a microphone or webcam (e.g. using Skype)					

Q10. SHOWCARD H (R) **Some people are starting to have contact with NHS services in a number of new ways. In which, if any, of the following ways have you had contact with an NHS service (such as your GP surgery, local hospital, dentist or pharmacy) in the last year?** MULTICODE OK

Online appointment booking service	
Receiving reminders about appointments by mobile phone text message	
Online repeat prescriptions ordering service	
Receiving reminders about repeat prescriptions by mobile phone text message	
111 telephone service for non-emergency assistance	
None of these	
Don't know	

Q11. Overall, what do you see as the biggest problems facing the NHS? PROBE FULLY USING “What else?” DO NOT PROMPT. CODE FROM LIST BELOW OR WRITE IN. MULTICODE OK.

<u>ACCESS TO TREATMENT/WAITING TIME</u>	
Long waiting lists/times	
<u>CHOICE</u>	
Not enough patient choice about care/treatment	
Not enough patient say/involvement in decisions about healthcare services	
<u>EXTERNAL FACTORS</u>	
Bird flu	
Swine flu (pig flu)	
Foreigners/immigrants	
Flu pandemic	
Overstretched/aging population	
Public health problems (smoking, obesity, sexual health, etc)	
Trivial use/abuse	
<u>MANAGEMENT/ BUREAUCRACY</u>	
Bureaucracy/top heavy management	
Political influence/government targets	
Privatisation	
Problems prioritising treatment/patient groups	
Big changes to services/ NHS reforms	
<u>RESOURCES/INVESTMENT</u>	
Lack of resources/ investment	
Hospital closures/lack of hospitals/facilities	
Not enough doctors/nurses/understaffed	
Poor pay for NHS staff	
Poor quality staff education/training	
Overworked staff	
Shortage of beds	
Shortage of NHS dentists	
Staff retention	
<u>TREATMENT QUALITY/ IMPROVEMENTS</u>	
Low quality of services/treatment/care	
Poor quality care of the elderly	
Poor standards of cleanliness/superbugs/MRSA	
Other (PLEASE WRITE IN AND CODE)	
Don't know	
None of these	

PUBLIC HEALTH SECTION

Q12. **Thinking generally, what are the biggest health problems facing people today?**
 PROBE FULLY USING “What else?” DO NOT PROMPT. CODE FROM LIST
 BELOW OR WRITE IN. MULTICODE OK.

Age-related illnesses/people living longer/old age	
Aids/HIV	
Alcohol abuse/drink-related illnesses/alcoholism/binge drinking	
Cancer	
Diabetes	
Diabetes in children	
Drugs/abuse/misuse of drugs/substances	
Heart disease/attacks	
Lack of exercise/sedentary lifestyle	
Unhealthy lifestyle	
Mental health	
MRSA/cleanliness in hospitals	
Obesity/overeating	
Obesity in children	
Poor diet/lack of nutrition/eating habits/junk food	
Bird flu	
Swine flu (pig flu)	
Flu pandemic	
Smoking/smoking related illnesses	
Stress/pressure	
Stroke	
Dementia	
Other (PLEASE WRITE IN AND CODE '6')	
Don't know	
None of these	

NHS REFORM

Q13. SHOWCARD I (R) **How much do you feel you know about the changes the government is making to the NHS?** SINGLE CODE ONLY

A great deal	
A fair amount	
Not very much	
Nothing at all	
Don't know	

Q14. **As far as you know, what do the government's changes to the NHS involve?**
 PROBE FULLY USING "What else?" DO NOT PROMPT. CODE FROM LIST
 BELOW OR WRITE IN. MULTICODE OK.

<u>CUTS</u>	
Necessary/positive cuts (general mention)	
Negative/ damaging/ too many cuts (general mention)	
Cuts in managers	
Cuts in bureaucracy	
Hospital closures	
Cuts in frontline services	
Cuts in quangos	
<u>ORGANISATIONAL CHANGE</u>	
Doctors and other health care professionals commissioning services/ having more of a say in how the NHS is run	
Organisational changes/ reconfiguration (general mention)	
Privatisation/ more services provided by private sector	
More care available outside of hospital	
More services provided by charity sector	
<u>ACCESS TO SERVICES</u>	
Faster access to hospitals/ shorter hospital waiting times	
Faster access to GPs/ shorter GP waiting times	
Longer waiting times	
<u>CHOICE OF SERVICES</u>	
More choice for patients (general mention)	
Patients can choose their GP/GP surgery	
More choice for patients over where they get treated	
Patients having more say in their healthcare	
<u>OTHER</u>	
Budget ring-fenced/protected spending	
Encouraging people to take responsibility for their own health	
Better quality services for patients	
New non-emergency telephone number '111'	
Other (PLEASE WRITE IN AND CODE '6')	
Don't know	
Not heard of any changes	

Q15. SHOWCARD J (R) **And thinking about these changes overall, from what you know, how much better or worse do you think services will be for patients?**
SINGLE CODE ONLY

_____	Much better	_____
_____	A little better	_____
_____	Neither better nor worse	_____
_____	A little worse	_____
_____	Much worse	_____
_____	Don't know	_____

Q16. SHOWCARD K (R) **The Government has announced that GPs and other healthcare professionals will have much more say in deciding how the NHS spends its money. To what extent do you think this particular policy will make the NHS better or worse over the next few years, or will it stay the same?** SINGLE CODE ONLY

_____	Get a lot better	_____
_____	Get a little better	_____
_____	Stay the same	_____
_____	Get a little worse	_____
_____	Get a lot worse	_____
_____	Don't know	_____

Q17. SHOWCARD L (R) **Thinking back to the last time you saw a health professional, such as a GP or hospital doctor, to what extent would you agree or disagree with each of the following statements.** SINGLE CODE ONLY

a) I was involved as much as I wanted to be in decisions about my care or treatment

b) I was able to choose the treatment or service which best suited my needs

_____	Strongly agree	_____
_____	Tend to agree	_____
_____	Neither agree nor disagree	_____
_____	Tend to disagree	_____
_____	Strongly disagree	_____
_____	Don't know	_____

Q18. SHOWCARD M (R) **Please read the following pair of statements and decide, on a scale of 1 to 5, which comes closest to your own opinion. A score of 1 means you agree much more with statement A while a score of 5 means you agree much more with Statement B.** SINGLE CODE ONLY

A) In general, I want a health professional, such as a GP or a consultant, to make decisions about my treatment

B) In general, I want to make my own decisions about my treatment, not rely on a health professional, such as a GP or consultant

_____	1	Agree much more with statement A	_____
_____	2		_____
_____	3		_____
_____	4		_____
_____	5	Agree much more with statement B	_____
_____	Don't know		_____

Q19. SHOWCARD N (R) **The NHS may move more services which have traditionally been provided in hospitals out into the community. This could mean more services are provided through GP practices or clinics or by NHS staff delivering them in patients' homes. How**

much better or worse do you think this will make services for patients? SINGLE CODE ONLY_

	Much better
	A little better
	Neither better nor worse
	A little worse
	Much worse
	Don't know

SOCIAL CARE SECTION

Q21. SHOWCARD P (R) **The Department of Health defines social care as services to support people to be independent, play a full part in society and protect them in vulnerable situations. It includes practical help in the home, day centres, residential and nursing care homes, as well as advice and guidance. To what extent, if at all, do you agree or disagree with the following statements? READ OUT STATEMENTS a-d. ROTATE ORDER. SINGLE CODE ONLY EACH ONLY STATEMENT**

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know/ No opinion
The government has the right policies for social care in England						
Overall, local authorities in England are providing good social care services						
<u>My</u> local authority is providing people in this area with good social care services						
<u>My</u> local authority is providing a good service for <u>older</u> people						

Q22. SHOWCARD Q (R) **Which of the following social care services, if any, have you, members of your household, family or friends used in the last year or so? Just read out the letter or letters that apply. MULTICODE OK**
FOR EACH SERVICE MENTIONED: And did you use that service personally or was it someone else?

PLEASE CODE EACH SERVICE MENTIONED APPROPRIATELY INTO THE 'ME PERSONALLY' AND/OR 'SOMEONE ELSE' COLUMN

	ME PERSONALLY	SOMEONE ELSE
Assisted technology (e.g. automatic sensors to say if lights left on/fridge door open)		
Basic needs such as food, shelter and medical care for older people/people with disabilities		
Day/community/luncheon centres for people with disabilities		
Day/community/luncheon centres for older people		
Direct payment/Individual budgets (payment of allowances/funds into personal accounts/personal budgets/allowances to spend on services)		
Home care/day care for older people		
Home care/day care for people with disabilities		
Meals on wheels		
Residential/nursing care for people with disabilities		
Residential/nursing care for older people		
Support to stay in work for those with a disability/long-term health condition		
Transport services for older people/people with disabilities		
Other (PLEASE WRITE IN & CODE '1')		
None of these		
Don't know		

ASK ALL WHO HAVE RECEIVED/EXPERIENCED SOCIAL CARE (ALL EXCEPT 'NONE OF THESE' AND 'DON'T KNOW' AT Q22) OTHERS GO TO Q25

Q23. SHOWCARD R (R) **Overall, how satisfied or dissatisfied are you with the service?** SINGLE CODE ONLY

Very satisfied	
Quite satisfied	
Neither satisfied nor dissatisfied	
Quite dissatisfied	
Very dissatisfied	
Don't know/Refused	

ASK ALL WHO HAVE RECEIVED/EXPERIENCED SOCIAL CARE 'PERSONALLY' AT Q22 (ANY CODES IN FIRST COLUMN) OTHERS GO TO Q25

Q24. SHOWCARD S (R) **On the whole, do you agree or disagree with the following statement:**

Social care services I receive take account of my personal needs

SINGLE CODE ONLY

Agree	
Disagree	
Don't know	
Refused	

ASK ALL

Q25. SHOWCARD T (R) **Many people will need to use social care services when they are older and it is likely that they may have to contribute towards the cost. Before today, to what extent had you thought about preparing financially to pay for social care services you might need when you are older?** SINGLE CODE ONLY

To a great extent	
To some extent	
Hardly at all	
Not at all	
Already using social care services	

ASK ALL

Q26. SHOWCARD T AGAIN (R) **And to what extent are you already preparing financially to pay for the social care services you might need when you are older?** SINGLE CODE ONLY

To a great extent	
To some extent	
Hardly at all	
Not at all	
Already using social care services	

ASK ALL
 Q27. SHOWCARD U (R) **And please tell me whether you agree or disagree with the following statement. It is my responsibility to save so that I can pay towards my care when I am older. SINGLE CODE ONLY**

Strongly agree	
Tend to agree	
Neither agree nor disagree	
Tend to disagree	
Strongly disagree	
Don't know	

KEY STATEMENTS SECTION

ASK ALL
 Q28- Q42. SHOWCARD V (R) **Please tell me whether on the whole you agree or disagree with each of the following statements: READ OUT Q28 TO Q42. ROTATE ORDER. SINGLE CODE ONLY FOR EACH**

		Strongly agree	Tend to agree	Tend to disagree	Strongly disagree	Don't know
Q28.	Britain's National Health Service is one of the best in the world					
Q29.	The NHS provides good value for money to taxpayers					
Q30.	If I was very ill I would feel safe in an NHS hospital					
Q31.	People are treated with dignity and respect when they use NHS services					
Q32.	People are treated with dignity and respect when they use social care services					
Q33.	The NHS puts quality at the heart of all it does					
Q34.	People have increasing choice about their treatment and care					
Q35.	NHS hospitals are getting infections like MRSA under control					
Q36.	NHS waiting times for non-emergency treatment and care are getting shorter					
Q37.	NHS and social care services work well together to give people co-ordinated care					
Q38.	The NHS will face a severe funding problem in the future					
Q39.	The NHS is changing so it can provide the service we need for years to come					
Q40.	The NHS is doing everything it can to reduce waste and inefficiency					
Q41.	It is possible to increase quality of care for patients whilst reducing NHS costs					
Q42.	GPs are best placed to understand which services their patients need					

ASK ALL

Q43. **Have you ever looked for information about how your local healthcare services are performing?** SINGLE CODE ONLY

Yes	
No	

ASK ALL WHO SAY YES AT Q43

Q44. SHOWCARD W (R) **How easy or difficult was it to find this information?** SINGLE CODE ONLY

Very easy	
Fairly easy	
Fairly difficult	
Very difficult	
Don't know	
Can't remember	

ASK ALL

Q45. **Have you ever tried to get involved in decisions about how healthcare services are provided in your local area?** SINGLE CODE ONLY

Yes	
No	

ASK ALL WHO SAY YES AT Q45

Q46. SHOWCARD W AGAIN (R) **How easy or difficult did you find it to get involved in decisions about how healthcare services are provided in your local area?** SINGLE CODE ONLY

Very easy	
Fairly easy	
Fairly difficult	
Very difficult	
Don't know	
Can't remember	

Q47. **Ipsos MORI may want to re-contact some people we've talked to on this survey, in order to explore some of these issues in more detail, for the purpose of further research. Would you be willing to be re-contacted in the next 12 – 18 months for this purpose?** SINGLE CODE ONLY.

Yes	PLEASE ASK RESPONDENT TO SIGN THE CONSENT ON THE BACK PAGE
No	THANK RESPONDENT AND GO ON TO DEMOGRAPHICS

Name/Initial/Title: Mr/Mrs/Ms/Miss

Address:

Full

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

QTEL1 Do you have a fixed line telephone at home which you use for incoming and outgoing voice calls?

Yes	
WRITE IN Full tel. No	
No	
Refused	GO TO QTEL2
Ex-directory	

ASK IF NO FIXED LINE/REFUSED/EX-DIRECTORY (CODES 2-4). OTHERS CLOSE

QTEL2 Can I just check, do you have a mobile phone? IF YES ASK: Can I take the number please?

Yes	
WRITE IN Full tel. No	
No	
Refused	

QTEL3 What is your e-mail address?

PLEASE WRITE IN. ASK RESPONDENT IF UPPER OR LOWER CASE.

Refused/don't have email address	
----------------------------------	--

	Gender	
		Male
		Female

WRITE IN & CODE EXACT AGE

Exact Age

	16-24	
	25-34	
	35-44	
	45-54	
	55-59	
	60-64	
	65-74	
	75+	

Occupation of Chief Income Earner

Position/rank/grade

Industry/type of company

Quals/degree/apprenticeship

Number of staff responsible for

REMEMBER TO PROBE FULLY FOR PENSION AND CODE FROM ABOVE

Class

	A	
	B	
	C1	
	C2	
	D	
	E	

Respondent is:

Chief Income Earner

Not Chief Income
Earner

Household is:

Pensioner only (ie no children or other adults)	
Non-pensioners (ie adults/no dependent children under 16)	
Adults with dependent child/ren under 16	

Working Status of Respondent:

Working - Full time (30+ hrs)	
- Part-time (9-29 hrs)	
Unemployed - seeking work	
- not seeking work	
Not working – retired	
- looking after house/children	
- invalid/disabled	
Student	
Other (PLEASE WRITE IN & CODE '9')	

QA Marital status SINGLE CODE ONLY

Married	
Single	
Separated/Divorced	
Widowed	
Cohabiting	
Don't know/Refused	

QB Do you live alone or with other people? SINGLE CODE ONLY

Other people	ASK QC
Alone	GO TO
Refused/Not stated	QE (36)

ASK IF LIVE WITH OTHER PEOPLE (CODE 1 AT QB). OTHERS GO TO QE

QC Are there any elderly people in household?
MULTICODE OK

Yes, aged 60-74	
Yes, aged 75-84	
Yes, aged 85+	
None aged 60+	

QD **Are there any young people in household?**
MULTICODE OK

Yes, aged 0-4	
Yes, aged 5-12	
Yes, aged 13-17	
None under 18	

ASK ALL

QE **Do you, or anyone else in your household have any long-standing illness, disability or infirmity? IF YES: Is that you or someone in your household?**
MULTICODE OK

Yes, respondent	
Yes, other h/hold member	
No	

ASK ALL WHO HAVE A LONG-STANDING ILLNESS, DISABILITY OR INFIRMITY (CODE 1 at QE). OTHERS GO TO QH

QF SHOWCARD X (R) **On the whole, do you agree or disagree with the following statement:**

I know where to go for information to help me manage my condition.
SINGLE CODE ONLY

Agree	
Disagree	
Don't know/Refused	

ASK ALL

QG SHOWCARD Y (R) **Which of these best describes the ownership of your home?**
SINGLE CODE ONLY

Owned outright	
Buying on mortgage	
Rented from local authority	
Rented from Housing Association	
Rented from private landlord	
Other (WRITE IN & CODE '6')	
Not stated/Refused	

QH **Do you have private health insurance, in addition to the NHS?** SINGLE CODE ONLY

No – No private insurance:	
Yes – Have private health insurance	
Refused/Not stated	

QI SHOWCARD Z (R) **What ethnic origin on this card do you consider you belong to? Please just read out the letter.** SINGLE CODE ONLY

I am Black	
UK	
African	
Caribbean	
Other Black(WRITE IN AND CODE '4')	
I am Asian	
UK	
Bangladeshi	
Indian	
Pakistani	
Chinese	
Other Asian(WRITE IN AND CODE '0')	
I am White	
UK	
Irish	
Other White European (WRITE & CODE '1')	
Other White (WRITE IN AND CODE '2')	
I am mixed	
White and Black Caribbean	
White and Black African	
White and Asian	
Other Mixed (WRITE IN AND CODE '6')	
Other (WRITE IN AND CODE '7')	
Refused/Not stated	

ASK ALL

QJ Do you personally, members of your family, or any of your friends work for the NHS in any capacity? MULTICODE OK

Yes – me personally	
Yes – members of my family	
Yes – friends	
No	
Don't know/Not sure	

QJ Do you personally, members of your family, or any of your friends work in social care, for example in a residential home, for Meals on Wheels, for a local authority social services department etc? MULTICODE OK

Yes – me personally	
Yes – members of my family	
Yes – friends	
No	
Don't know/Not sure	

QL Do you look after, or give any help or support to family members, neighbours or others because of long term physical or mental ill health or disability, or problems related to old age? Do not count anything you do as part of your paid employment. MULTICODE OK

Yes – for family		
Yes – for friend		ASK QN
Yes – for neighbour		
Yes –for someone else		
No		GO TO CLOSE
Don't know/Not sure		

ASK IF PROVIDE HELP OR SUPPORT TO FAMILY, FRIEND, NEIGHBOUR OR SOMEONE ELSE (CODES 1 to 4 AT QO)

QM SHOWCARD AA (R) On the whole, do you agree or disagree with the following statement:

I know where to go for information to help me care for this person/these people
SINGLE CODE ONLY

Agree	
Disagree	
Don't know/Refused	