

Public Perceptions of the NHS and Social Care Tracker Survey Spring 2013 wave

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## 1. Introduction

### Background and objectives of the 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 spring 2013.

The aim of the survey is to explore public attitudes towards, and perceptions of, the NHS and social care services, and to provide a means of tracking these perceptions and attitudes over time.

The survey consists of 'tracker' questions which assess how public opinion varies over time, whilst also allowing the additions of new topics and subject areas as they arise. For example, questions about the NHS Constitution were added in 2008, and questions exploring NHS reforms were included in recent waves. This flexibility means that the research always reflects the most current issues facing the NHS and social care.

### Methodology

Ipsos MORI conducted 1005 interviews among a representative sample of adults in England between 20 May and 26 June 2013.

All interviews were carried out by Ipsos MORI interviewers in respondents' homes, using Computer Assisted Personal Interviewing (CAPI).

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.

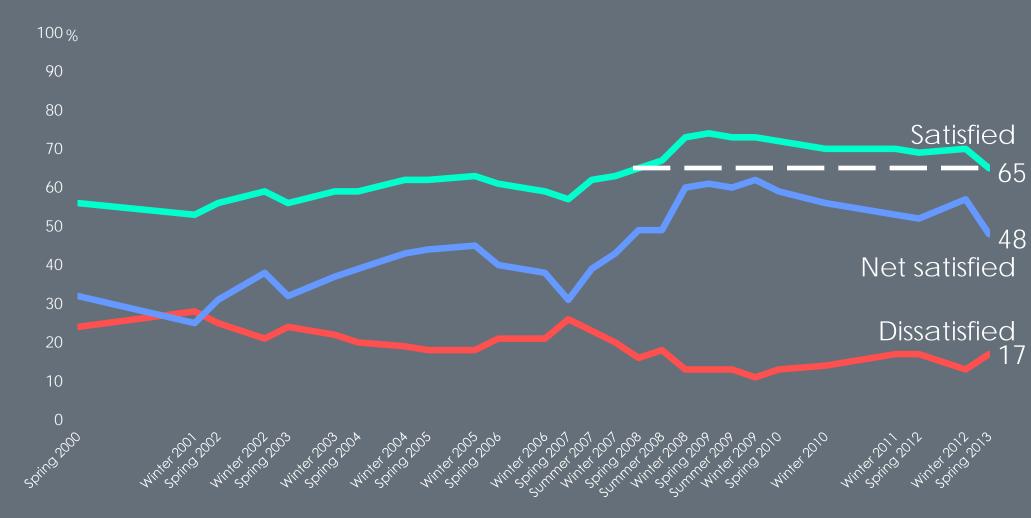
The same methodology has been used in every wave of this survey, allowing results to be tracked over time.

As a sample and not the entire population of adults living in England have been interviewed, not all differences between results are statistically significant. Only differences in results between different groups of the population which are statistically significant have been included in this report. The text in the report highlights differences in results between the most recent waves of the survey which are statistically significant.

Further details about the methodology and statistical significance are provided in the appendices.

# 2. Overall satisfaction with the NHS

## Overall satisfaction with the running of the NHS has dropped



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

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

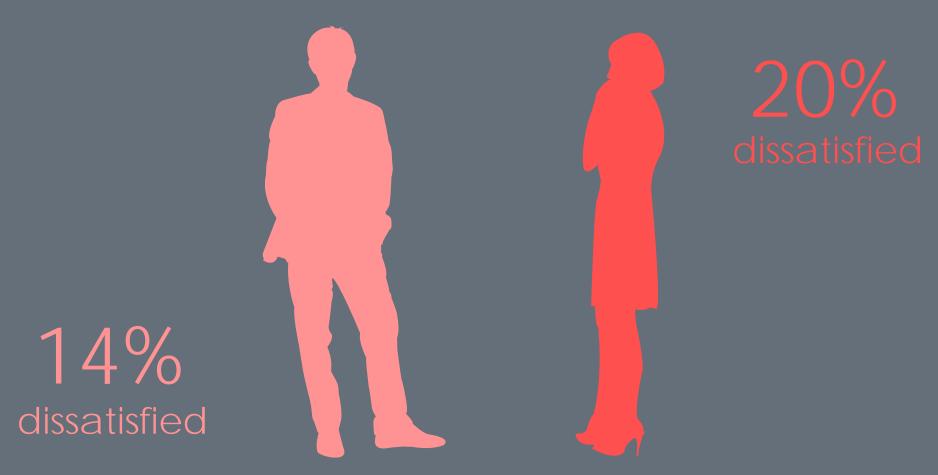
With satisfaction down five percentage points since winter 2012



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

Base: Adults aged 16+ in England , Spring 2013 (1005); Winter 2012 (1004)

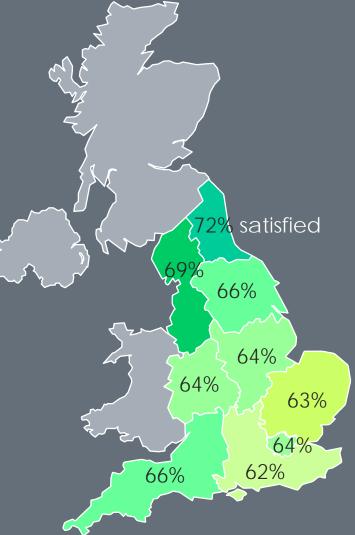
Women are more dissatisfied than men with the running of the NHS than men



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

Base: Adults aged 16+ in England, Spring 2013: Men (468); Women (537)

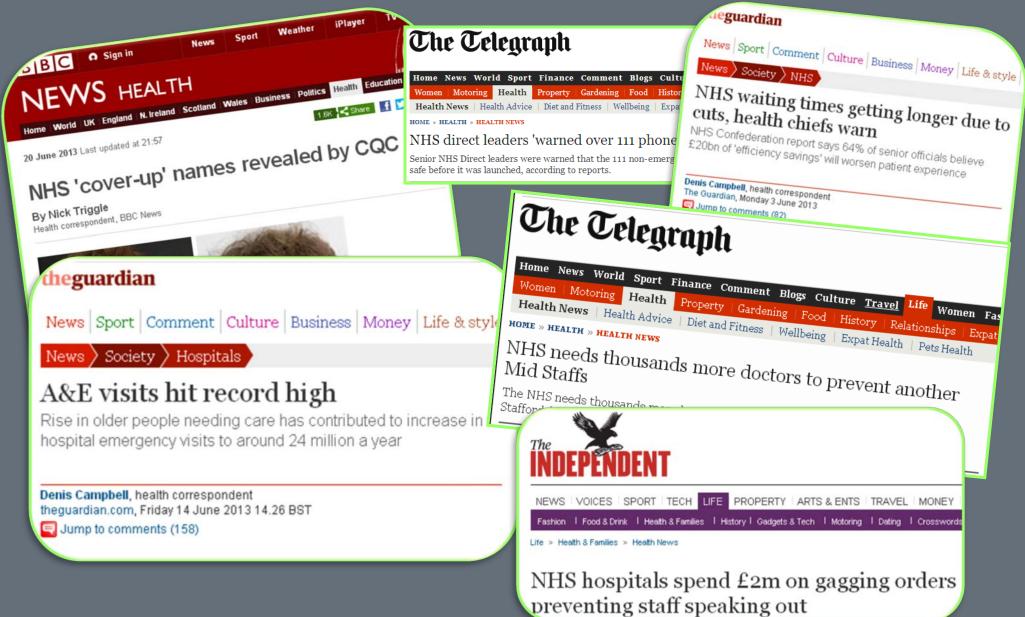
Those in the north are more satisfied than those in the south



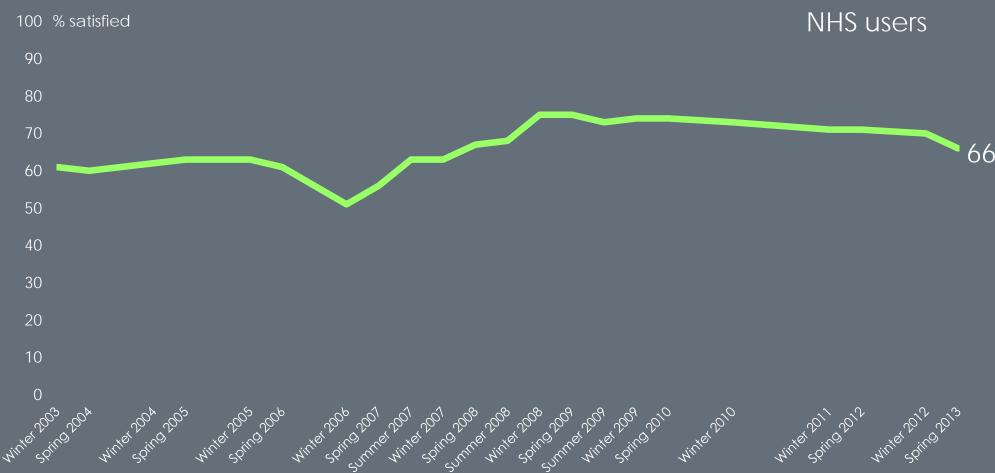
Overall how satisfied or dissatisfied are you with the running of the National Health Service nowadays?

Base: Adults aged 16+ in England, Aggregate analysis: Winter 2002 – Spring 2013 (24429)

The drop in satisfaction may, in part, be driven by negative media stories about the NHS at the time of fieldwork



...and there has not been a statistically significant decline in satisfaction amongst those who have recently used NHS services

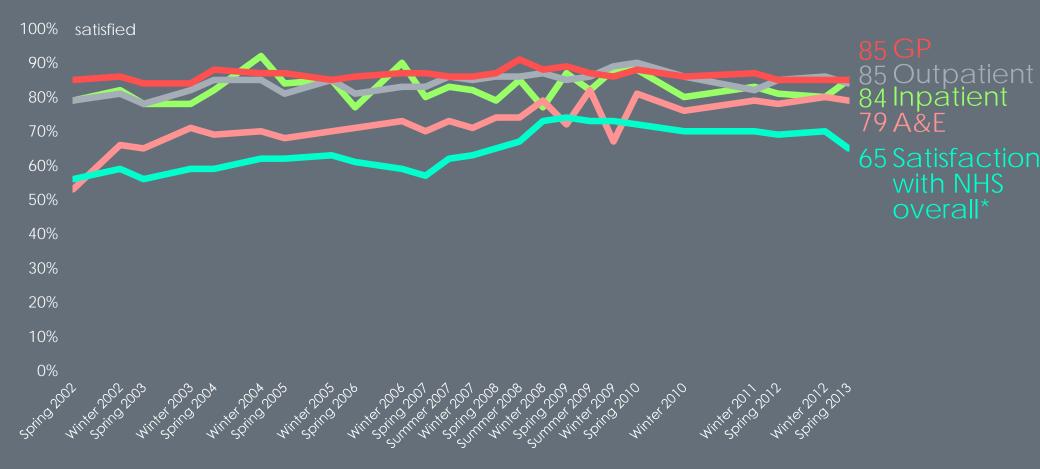


#### Overall how satisfied or dissatisfied are you with the running of the National Health Service nowadays?

Base: Adults aged 16+ in England: NHS users (c. 900 per wave)

NHS users are those who have been personally been an inpatient, outpatient, A&E patient, used a walk-in clinic, or visited a minor injuries unit or an NHS GP within the last year

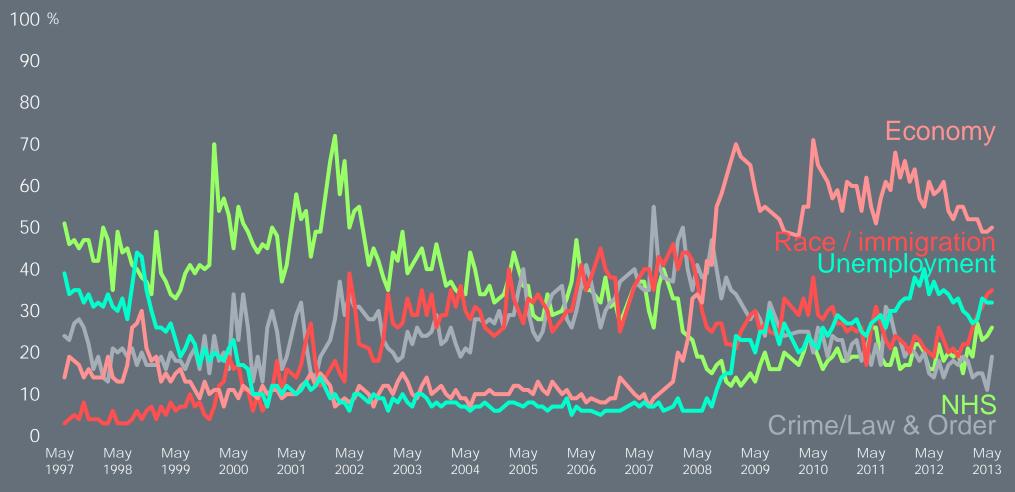
## ...and, when looking at users of specific services, satisfaction remains high



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

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\*)

## In the context of other issues at the time of fieldwork, the NHS is not a big concern

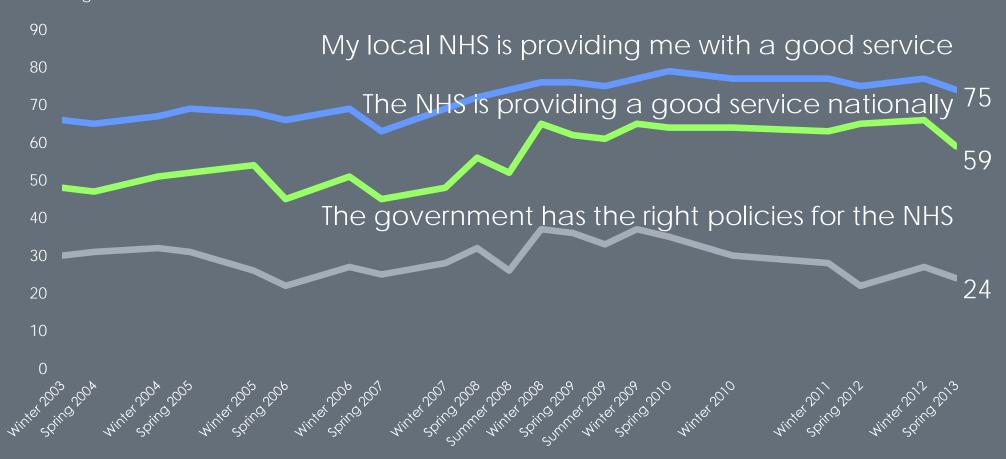


Q1. What do you see as the most important issue facing Britain today?

#### Q2. What do you see as the other important issues facing Britain today?

The data in this chart contains responses to both questions above. Respondents are only able to give one answer to Q1 but able to give more than one answer to Q2. Base: representative sample of c.1,000 British adults age 18+ each month, interviewed face-to-face in home Perceptions of local NHS services remain high, but those of national services have fallen (and views of government policies remain low)

100 % agree

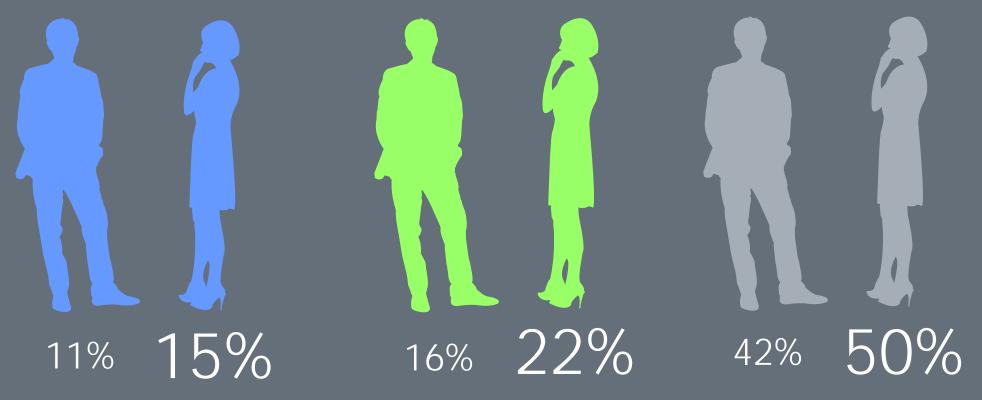


To what extent, if at all, do you agree or disagree with the following statements?

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

Women are more negative about the NHS nationally, their local NHS, and government polices for the NHS than men

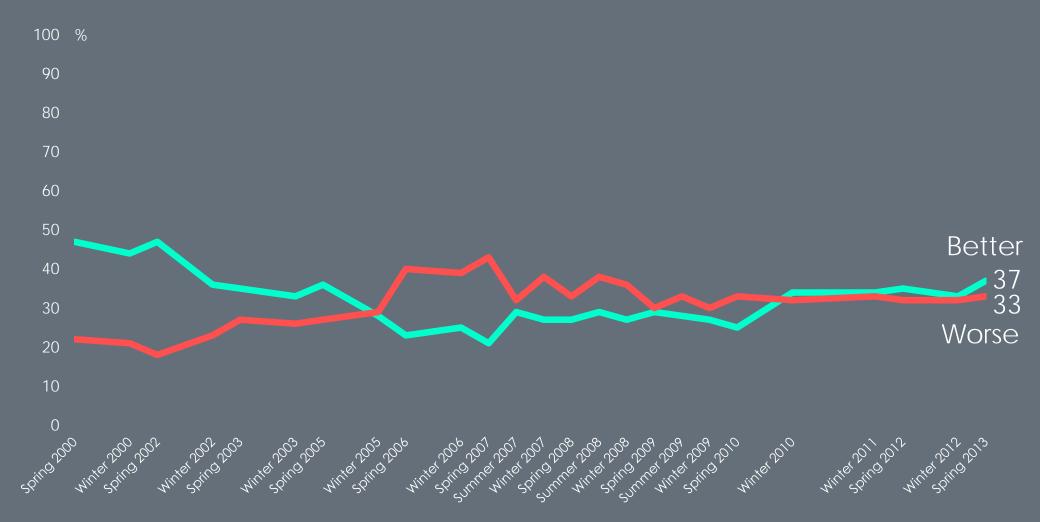
My local NHS is providing me with a good service (% disagree) The NHS is providing a good service nationally (% disagree) The government has the right policies for the NHS (% disagree)



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

Base: Adults aged 16+ in England, Spring 2013: Men (468); Women (537)

## A similar proportion think the NHS will get better over the next few years as think it will get worse



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

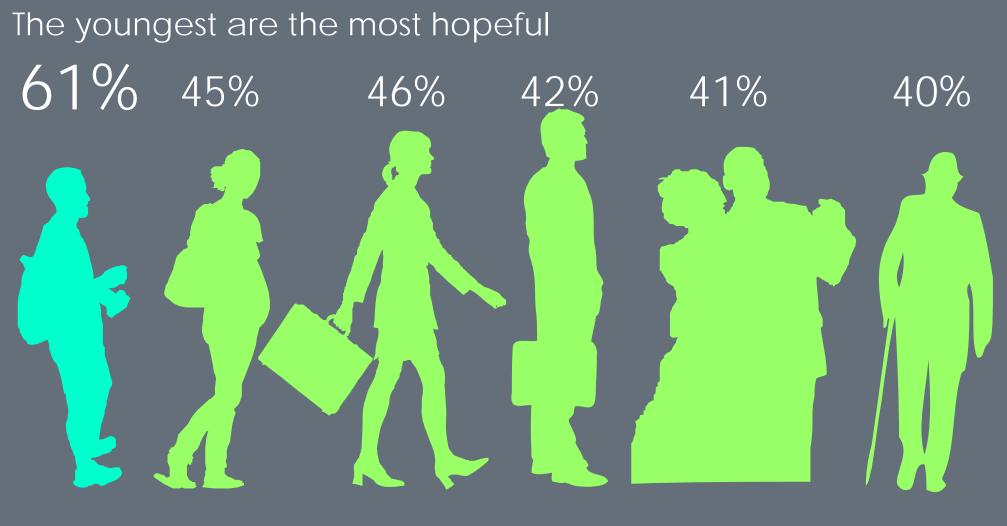
Base: Adults aged 16+ in England (c. 1000 per wave)

...though more agree than disagree that the NHS is changing to provide the service we will need in the future



Please tell me whether on the whole you agree or disagree with each of the following statements... The NHS is changing so it can provide the service we need for years to come

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



### 16 - 24 25 - 34 35 - 54 55 - 64 65 - 74 75 and over

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

The NHS is changing so it can provide the service we need for years to come (% agree)

Base: Adults aged 16+ in England, Spring 2013: 16 - 24 (144); 25 - 34 (162); 35 - 54 (353); 55 - 64 (154); 65 - 74 (116); 75 and over (76)

### Key points

o Overall satisfaction with the running of the NHS has fallen to its lowest level since spring 2008.

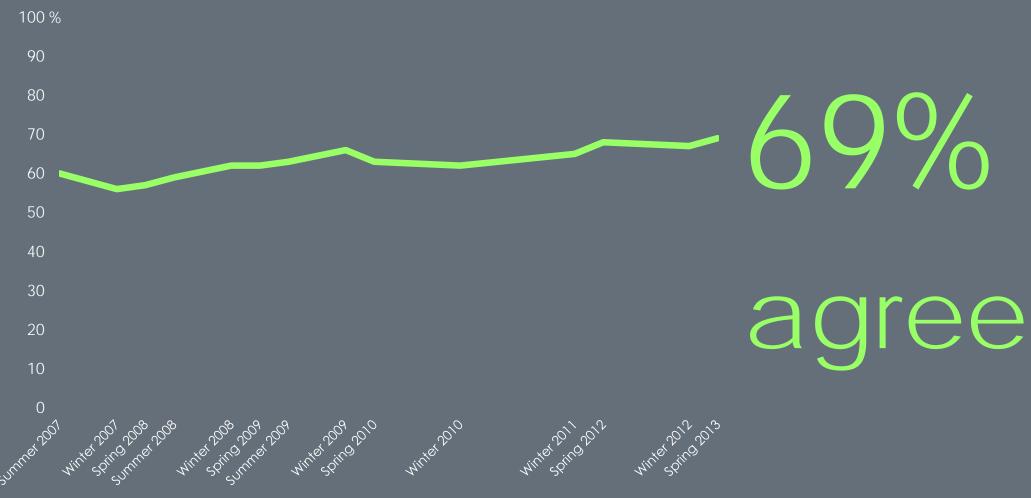
o However, satisfaction with the running of the NHS remains high when looking just at those who have used NHS services recently. Moreover, people continue to be more negative about national NHS services than local ones, in a pattern we refer to as the *NHS Perception Gap*.

o Negative media stories can have an impact on public perceptions and might have done when NHS satisfaction levels fell in 2006. It could be that similar factors are at play now, especially given the tone of the stories in the press about the NHS at the time of the survey fieldwork.

o There is some optimism about the future of the NHS and that it is changing to provide the service needed in the future.

# 3. Key perceptions of the NHS

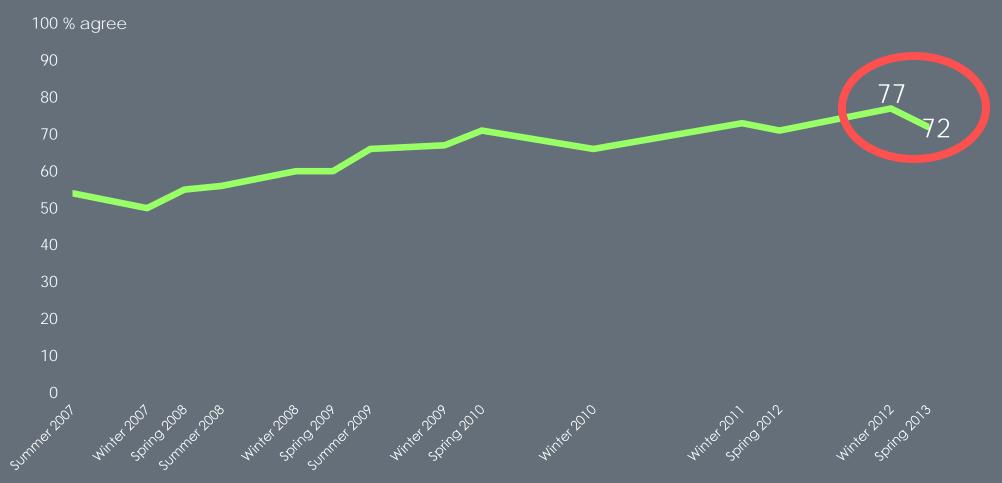
Belief that people are treated with dignity and respect when using NHS services is the highest it has ever been



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 NHS services

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

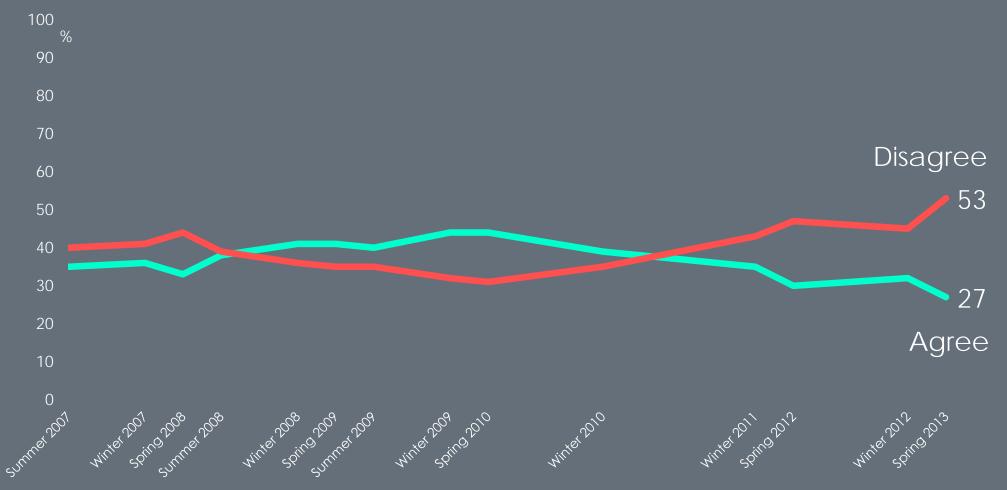
### But, although still high, pride in the NHS has dropped from the peak witnessed six months ago



Please tell me whether on the whole you agree or disagree with each of the following statements... Britain's National Health Service is one of the best in the world

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

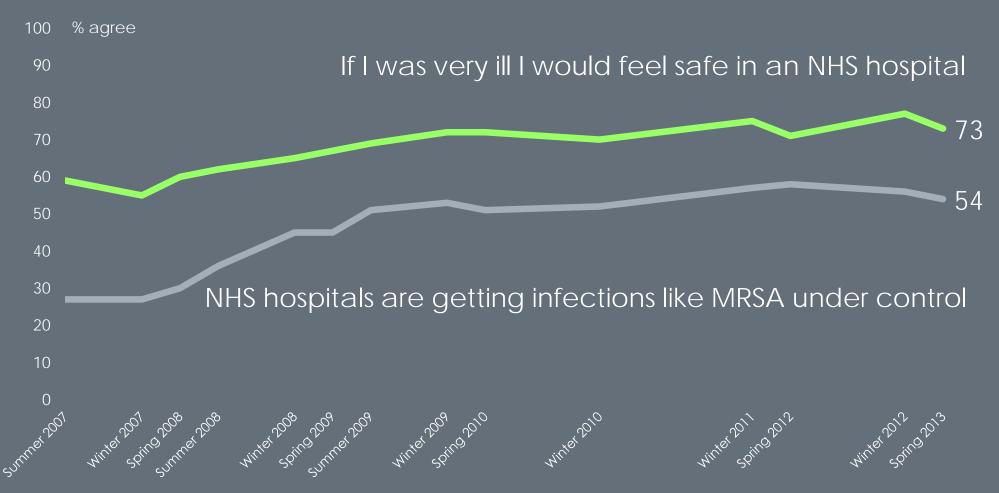
### Fewer people than before think waiting times for nonemergency treatment are getting shorter



Please tell me whether on the whole you agree or disagree with each of the following statements... NHS waiting times for non-emergency treatment and care are getting shorter

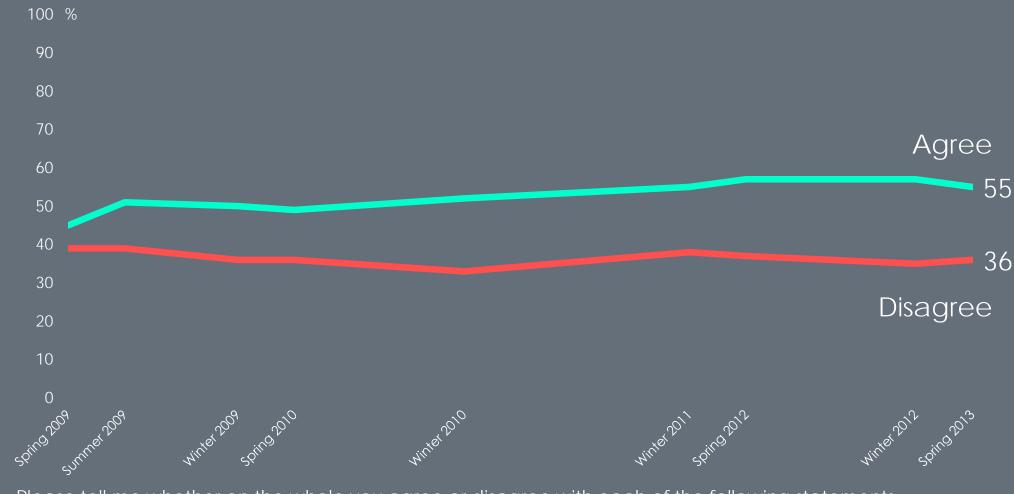
Base: Adults aged 16+ in England (c. 1000 per wave)

Confidence in safety in NHS hospitals has declined slightly, though still remains higher than at several points during the last six years



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

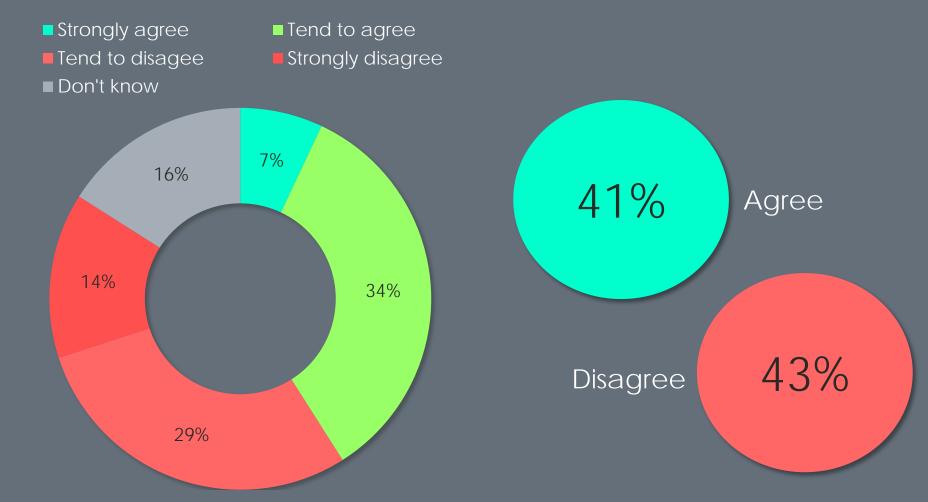
## Over half of people think the NHS puts quality at the heart of all it does



Please tell me whether on the whole you agree or disagree with each of the following statements... The NHS puts quality at the heart of all it does

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

## The public are divided about whether it is easy to give feedback about the NHS



Please tell me whether on the whole you agree or disagree with each of the following statements... It is easy for people to feed back on the service they receive from the NHS

Base: Adults aged 16+ in England, Spring 2013 (1005)

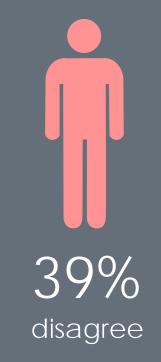
...and hospital users are more likely to think it is difficult than non-hospital users

### Hospital users



# 46% disagree

### Non-hospital users



Please tell me whether on the whole you agree or disagree with each of the following statements... It is easy for people to feed back on the service they receive from the NHS

Base: Adults aged 16+ in England, Spring 2013: Hospital user (597); Non-hospital user (408) Hospital users are those who have been personally been an inpatient, outpatient, A&E patient, or visited a minor injuries unit within the last year

 Some perceptions of the NHS remain very positive, for example views that people are treated with dignity and respect when using NHS services.

- o However, there has been a slight drop in pride in the NHS (possibly returning to more normal levels following the *Olympic Opening Ceremony bounce*) and also a rise in concern about safety in hospitals.
- o There has also been a fall in the perception that waiting times are getting shorter.
- It is important to note though that hospital users are more likely to think it is difficult to feed back about NHS services than those who haven't been hospital patients recently. This is one area where users are more negative than non-users.

Almost seven in ten think the NHS provides good value for money for taxpayers

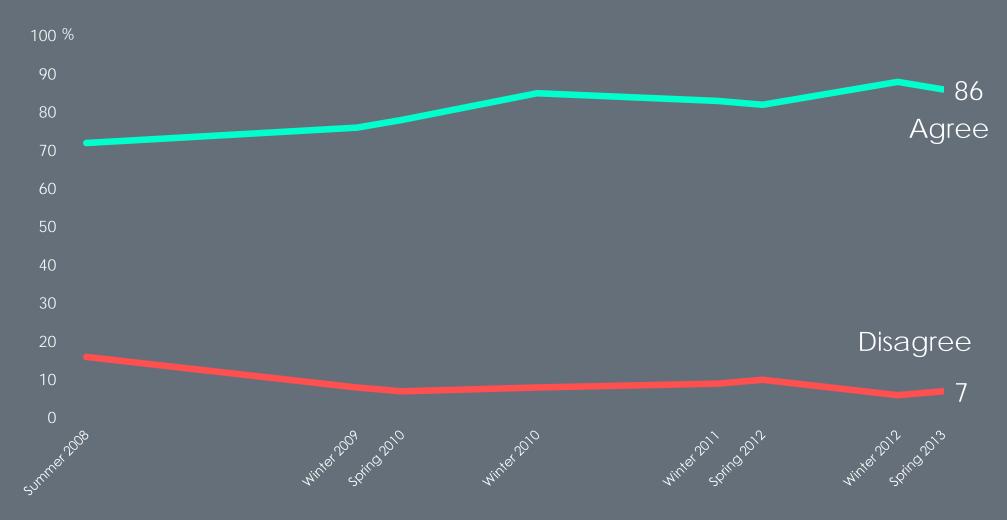
9% 23% disagree don't 68% agree know 

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

The NHS provides good value for money for taxpayers

Base: Adults aged 16+ in England , Spring 2013 (1005)

### ...but concern about future funding remains very high

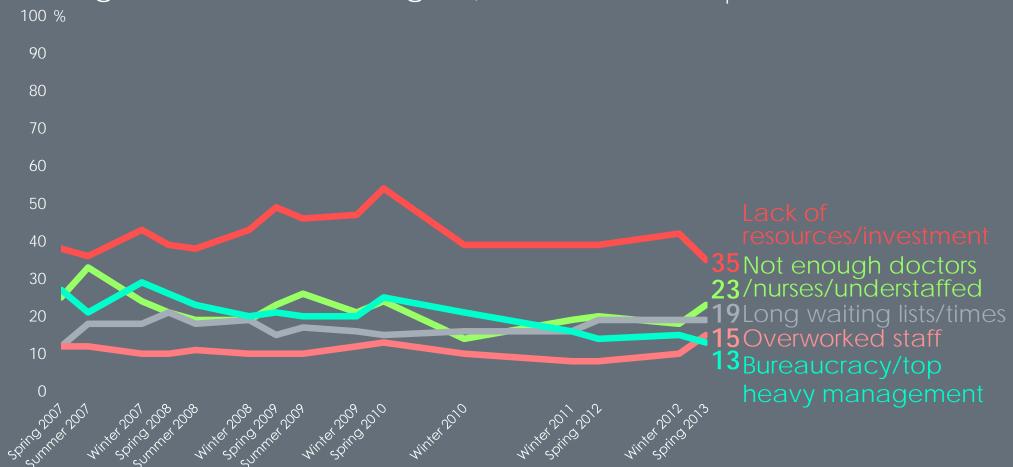


Please tell me whether on the whole you agree or disagree with each of the following statements... The NHS will face a severe funding problem in the future

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

### ...and lack of resources is still considered the biggest problem facing the NHS (though concerns about staffing levels have risen again) <sub>Spontaneou</sub>

Spontaneous mentions over 10%



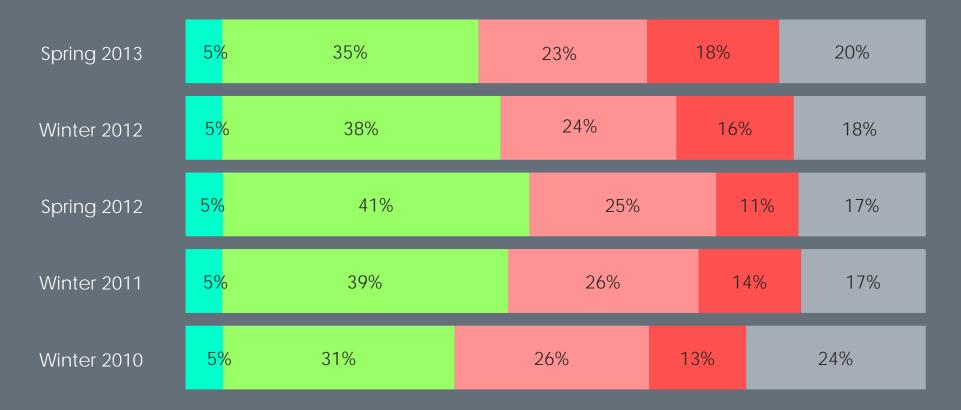
Overall, what do you see as the biggest problems facing the NHS? What else?

Respondents are able to give more than one answer at this question.

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

## The public are divided as to whether the NHS is doing all it can to reduce waste and inefficiency

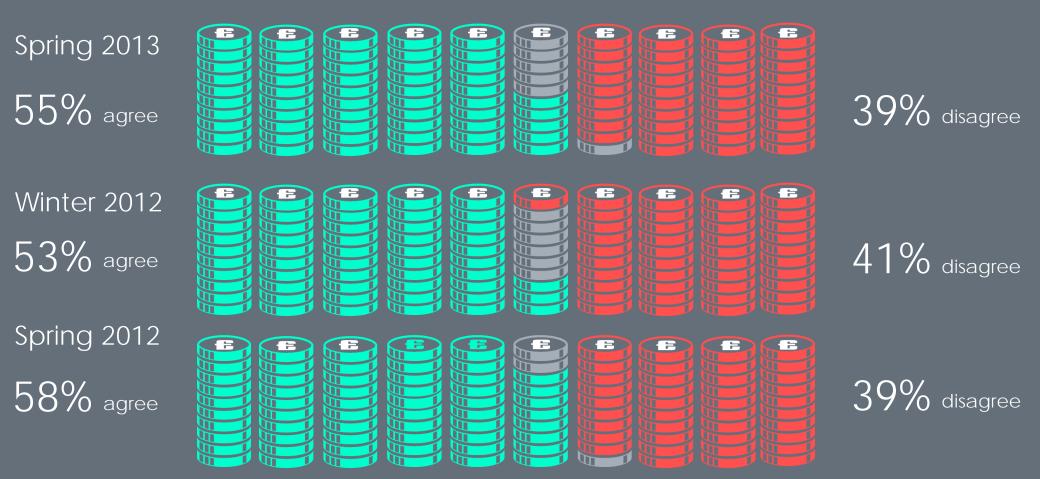
■ Strongly agree ■ Tend to agree ■ Tend to disagree ■ Strongly disagree ■ Don't know/not stated



Please tell me whether on the whole you agree or disagree with each of the following statements... The NHS is doing everything it can to reduce waste and inefficiency

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

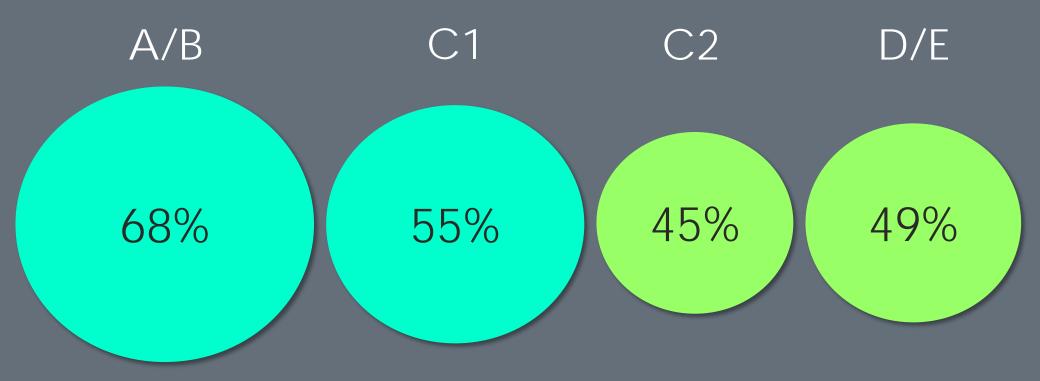
## Half of the public think there should always be limits on what is spent on the NHS



Please tell me whether on the whole you agree or disagree with each of the following statements... There should always be limits on what is spent on the NHS

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

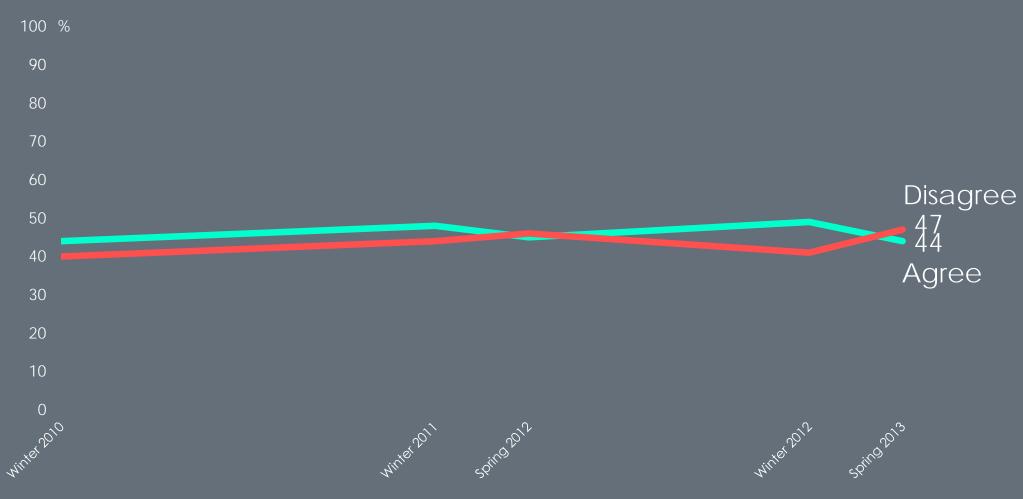
...and this agreement is concentrated among those in social grades A/B and C1



Please tell me whether on the whole you agree or disagree with each of the following statements... There should always be limits on what is spent on the NHS(% agree)

Base: Adults aged 16+ in England , Spring 2013: A/B (259); C1 (335); C2 (212); D/E (199)

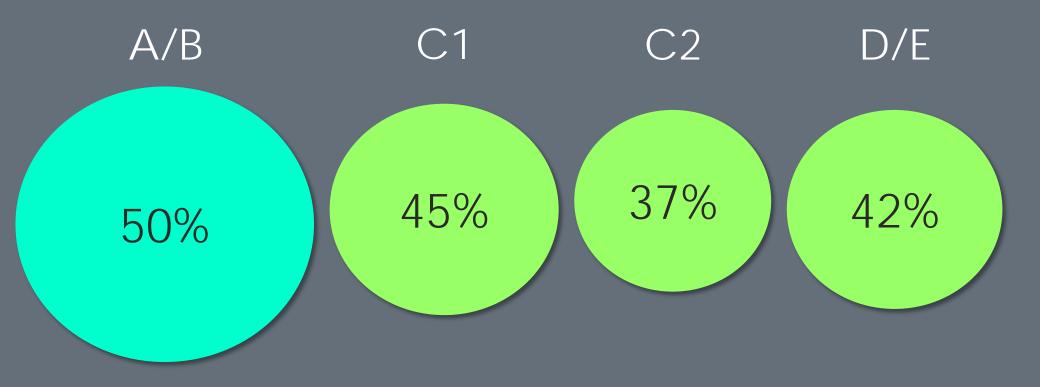
## The public are also divided about whether you can cut costs but still increase the quality of care



Please tell me whether on the whole you agree or disagree with each of the following statements... It is possible to increase quality of care for patients whilst reducing NHS costs

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

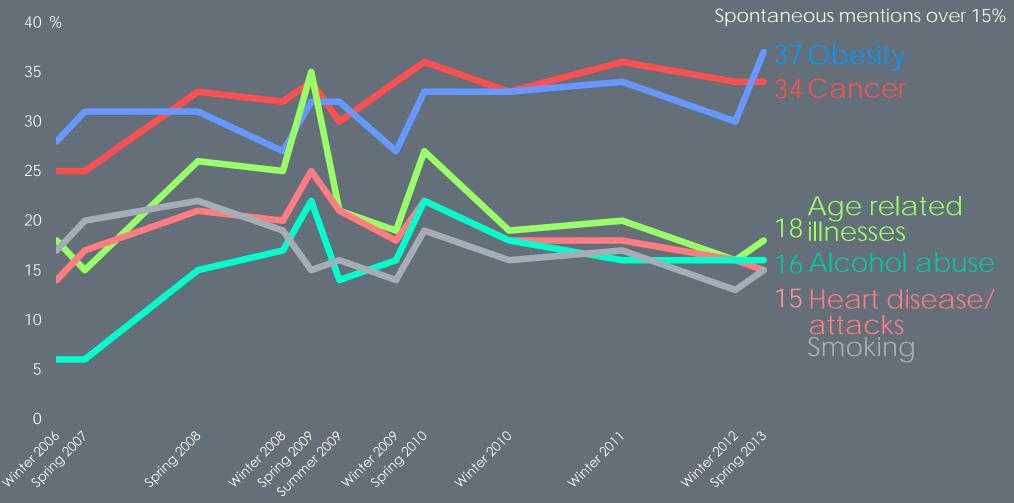
...and again those in social grades A/B are most likely to think this is possible



Please tell me whether on the whole you agree or disagree with each of the following statements... It is possible to increase quality of care for patients whilst reducing NHS costs

Base: Adults aged 16+ in England , Spring 2013: A/B (259); C1 (335); C2 (212); D/E (199)

### Obesity has overtaken cancer as the biggest perceived health problem

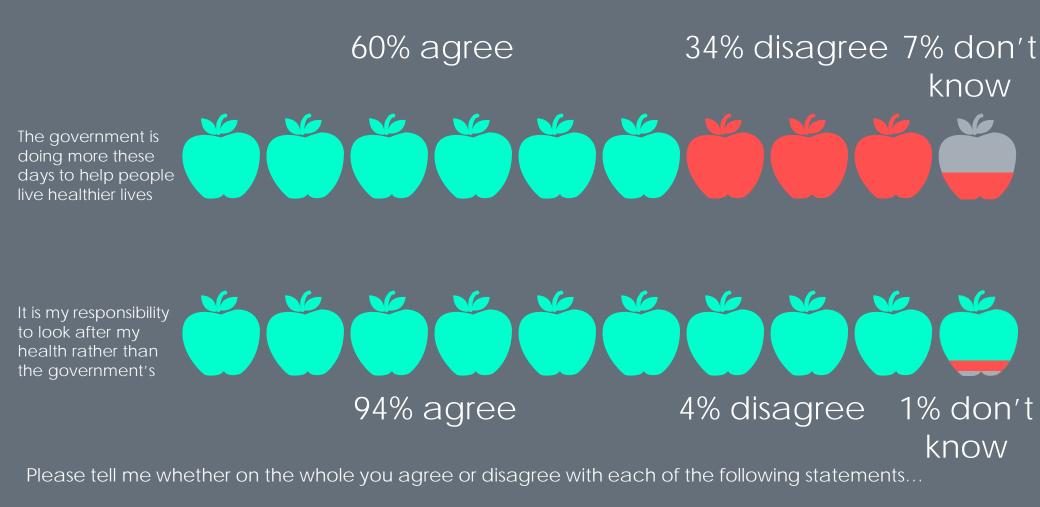


Thinking generally, what are the biggest health problems facing people today? What else?

Respondents are able to give more than one answer at this question.

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

Six in ten think the government is doing more to help people lead healthier lives, but almost all think it is their responsibility to look after their own health

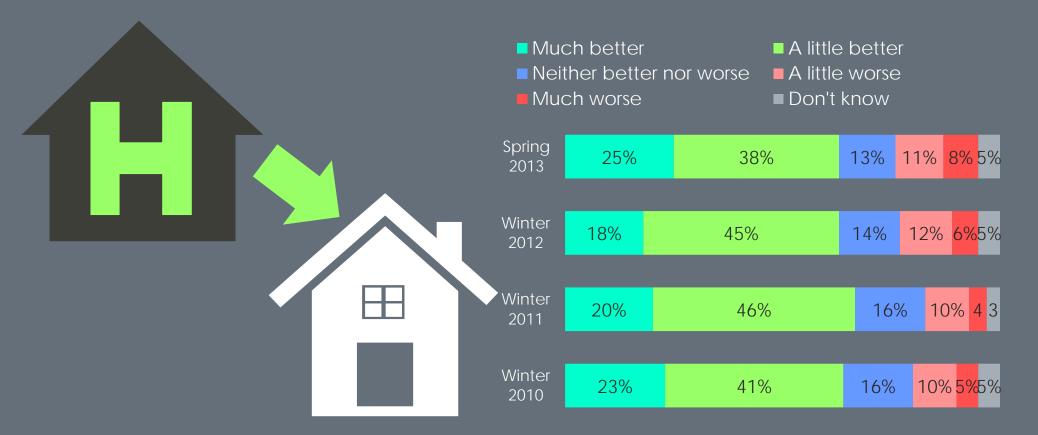


#### Key points

- Concern about funding for the NHS remains high and there has been a fairly steady rise in anxiety about this since 2008.
- Although lack of resources/investment is still considered the biggest problem facing the NHS, worries relating to staff have risen again.
  Concerns about staffing levels often feature highly when people think about problems facing the NHS, though it would be important to monitor if this concern continues to rise.
- o There is some variety in views of NHS budgeting and resourcing among people of different social grades. Those in social grades A/B are more likely to think that there should be limits on what is spent on the NHS and that it is possible to increase the quality of care while cutting spending.
- Although the majority of people think the government is doing more these days to help people live healthier lives, diseases related to lifestyle are considered among the biggest health problems facing people today, and obesity has overtaken cancer as the largest perceived problem. People place strong emphasis on personal responsibility for health, however, with almost everyone agreeing that it is their responsibility to look after their health rather than the government's.

## 4. Changes to the NHS

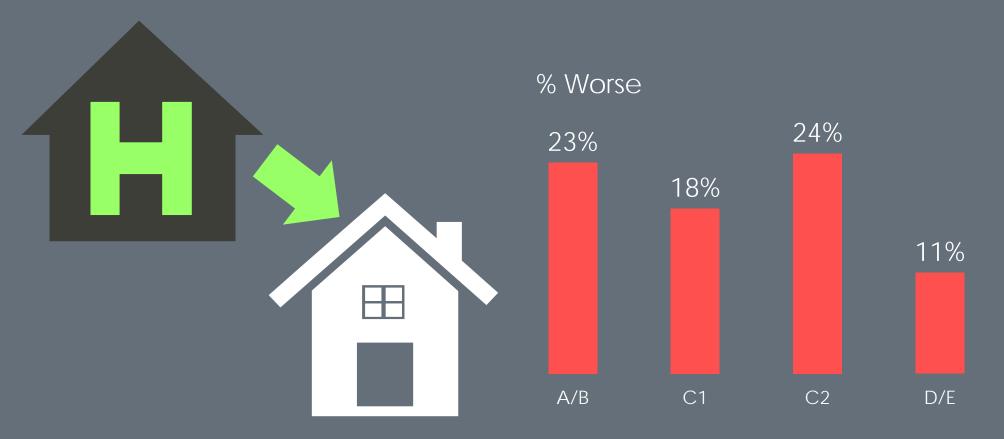
## People remain positive about moving services from hospitals into the community



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?

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

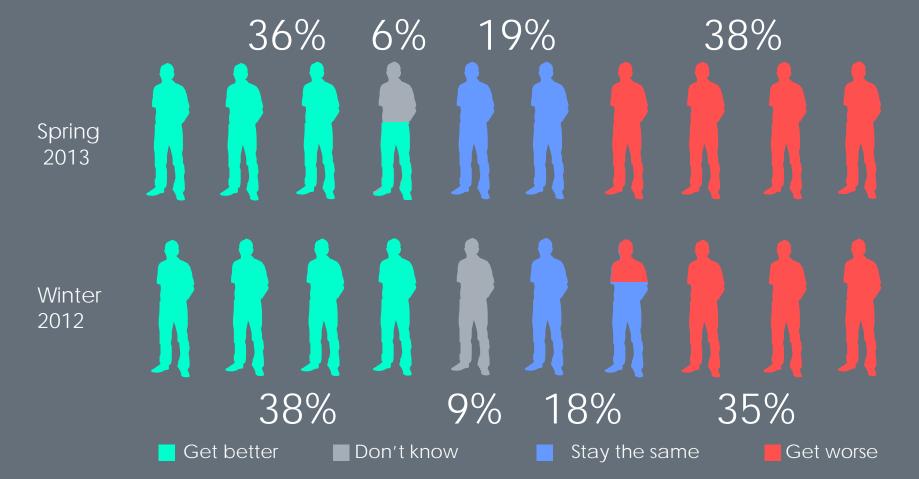
...though those in social grades A – C may take more convincing



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?

Base: Adults aged 16+ in England , Spring 2013: A/B (259); C1 (335); C2 (212); D/E (199)

People are divided about whether private sector involvement in the provision of care is a good thing



NHS services and care, whilst still free, will be provided by a wider range of organisations in future. This will include the private sector. 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?\*

Base: Adults aged 16+ in England, Spring 2013 (1005); Winter 2012 (1004)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

In the winter 2012 wave, half of the sample were asked the question: 'NHS services and care, whilst still free, will be provided by a wider range of organisations in future. This will include the private sector. 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?' and half the sample were asked the question 'The private sector will also be involved in the provision of NHS services and care in future. 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?' and half the sample were asked the question 'The private sector will also be involved in the provision of NHS services and care in future. 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?'

The youngest are the most positive about private sector provision of NHS care



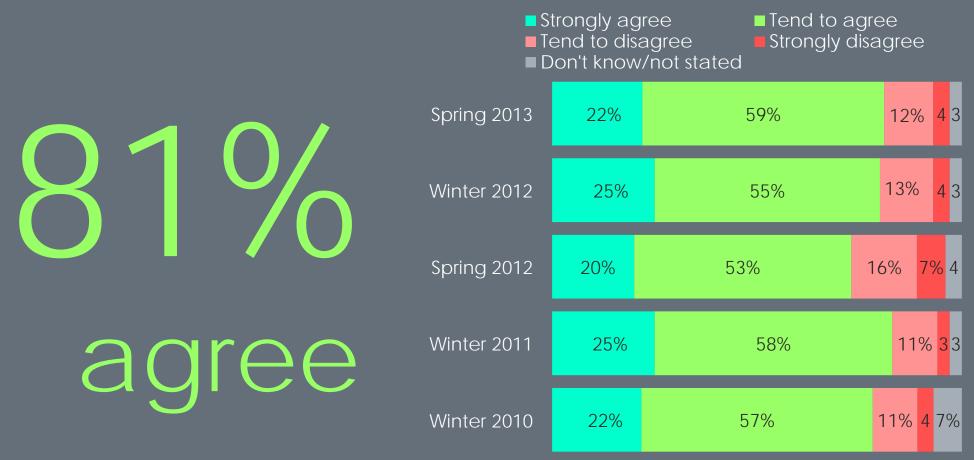
16 - 24 25 - 34 35 - 54 55 - 64 65 - 74 75 and over

NHS services and care, whilst still free, will be provided by a wider range of organisations in future. This will include the private sector. 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?\* (% get better)

Base: Adults aged 16+ in England, Spring 2013: 16 - 24 (144); 25 - 34 (162); 35 - 54 (353); 55 - 64 (154); 65 - 74 (116); 75 and over (76) Source: Ipsos MORI/DH Perceptions of the NHS Tracker

In the winter 2012 wave, half of the sample were asked the question: 'NHS services and care, whilst still free, will be provided by a wider range of organisations in future. This will include the private sector. 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?' and half the sample were asked the question 'The private sector will also be involved in the provision of NHS services and care in future. 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?' and half the sample were asked the question 'The private sector will also be involved in the provision of NHS services and care in future. 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?'

### Eight in ten still think GPs are best placed to understand which services their patients need



Please tell me whether on the whole you agree or disagree with each of the following statements... GPs are best placed to understand which services their patients need

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

#### Key points

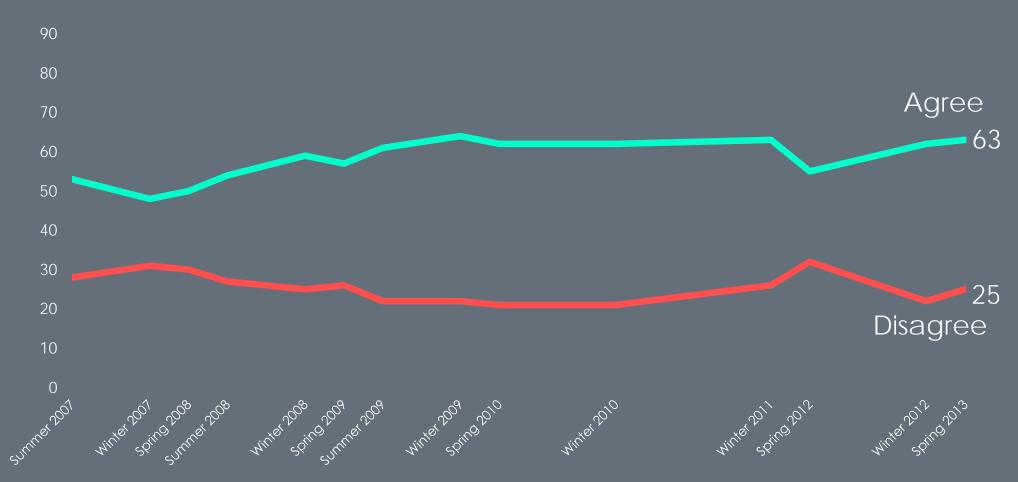
o People are relatively positive about certain aspects of NHS reform:

o They continue to be positive about moving services from hospitals into the community.

- They continue to strongly think that GPs are best placed to understand which services their patients need. This is important in the context of the 2012 Health and Social Care Act, when GPs were awarded with more power to commission secondary health care services for their patients.
- o People are less positive about private sector involvement in the provision of NHS services, but they are also not wholly negative about it either.

## 5. Choice and patient involvement

#### The majority think people have increasing choice about treatment and care

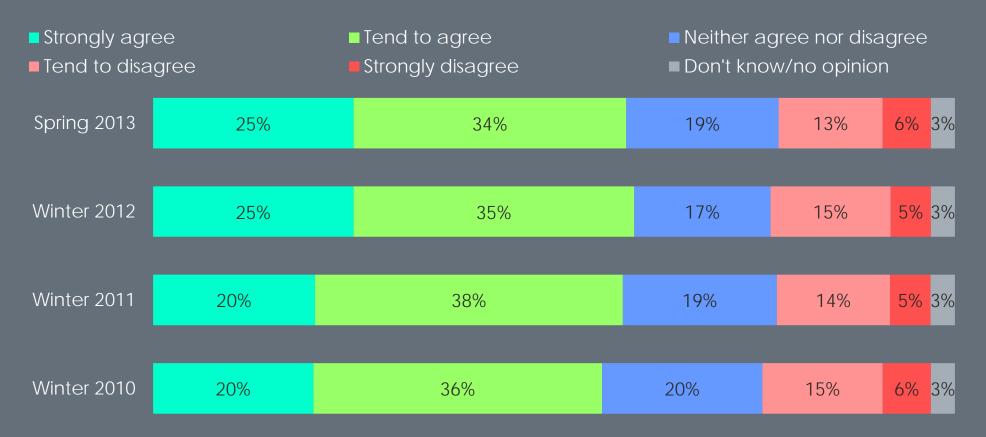


Please tell me whether on the whole you agree or disagree with each of the following statements... People have increasing choice about their treatment and care

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

100 %

### ...and six in ten have been able to choose a treatment or service which best suited their needs



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

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

#### Most people are happy with their own level of involvement in decisions about their treatment

- Strongly agree Tend to agree Neither agree nor disagree Tend to disagree
- Strongly disagree

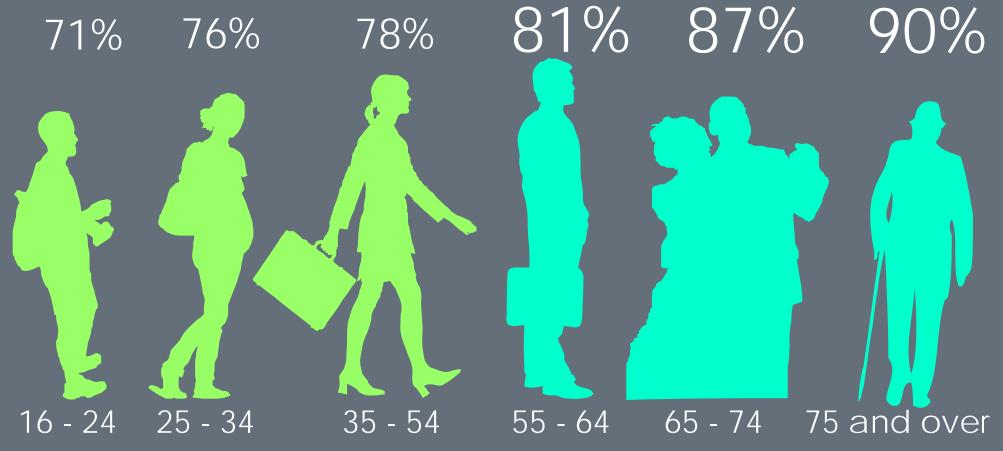
Don't know/no opinion

Spring 2013	38%	42%	<mark>8%</mark> 7% <mark>4</mark> 2
Winter 2012	40%	39%	<mark>8%</mark> 7% 32
Winter 2011	32%	41%	11% 10% 33
Winter 2010	31%	43%	11% 10% 32

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

agree

...with older people happier about this than younger people



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? I was involved as much as I wanted to be in decisions about my care or treatment (% agree)

Base: Adults aged 16+ in England , Spring 2013: 16 - 24 (144); 25 - 34 (162); 35 - 54 (353); 55 - 64 (154); 65 - 74 (116); 75 and over (76) Source: Ipsos MORI/DH Perceptions of the NHS Tracker

...though, in general, more people would prefer a health professional to make decisions about their treatment than to make them themselves

> would prefer a health professional to make decisions about their treatment\*



17%

51%

would prefer to make their own decisions about their treatment\*\*



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.

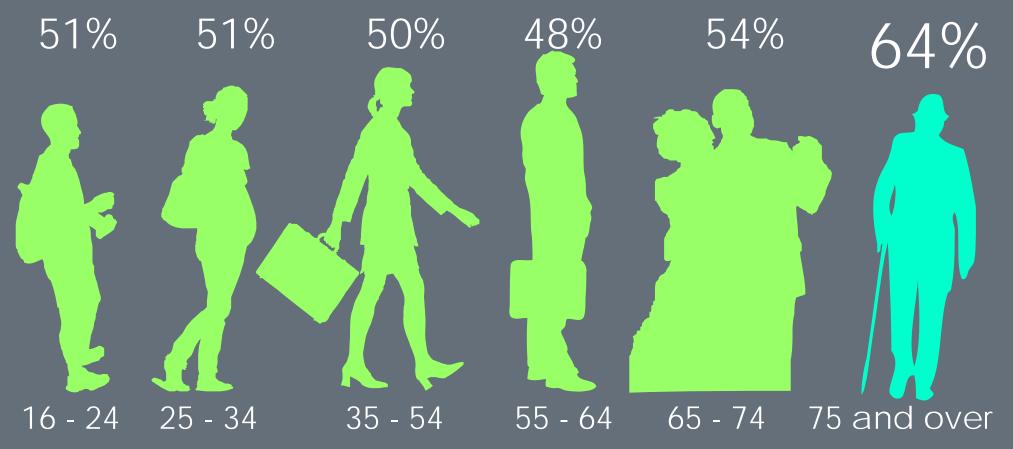
Base: Adults aged 16+ in England, Spring 2013 (1005)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

\*Percentage of people giving scores 1 or 2 \*\* Percentage of people giving scores 4 or 5

## ...and older people would prefer to defer to a health professional for decisions about their treatment

Percentage of people giving scores 1 or 2



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 , Spring 2013: 16 - 24 (144); 25 - 34 (162); 35 - 54 (353); 55 - 64 (154); 65 - 74 (116); 75 and over (76) Source: Ipsos MORI/DH Perceptions of the NHS Tracker

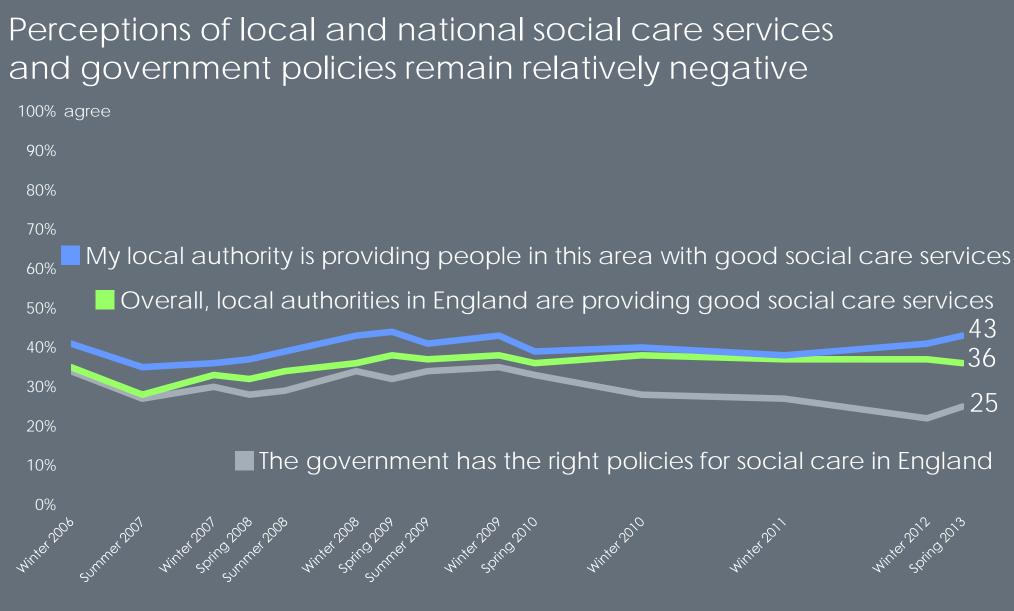
#### Key points

 The majority of people agree that choice about treatment and care is increasing and six in ten say they have been able to choose a treatment which has best suited their needs.

 Overall people continue to be happy with their level of involvement in decisions about their treatment and care (eight in ten are happy with this).

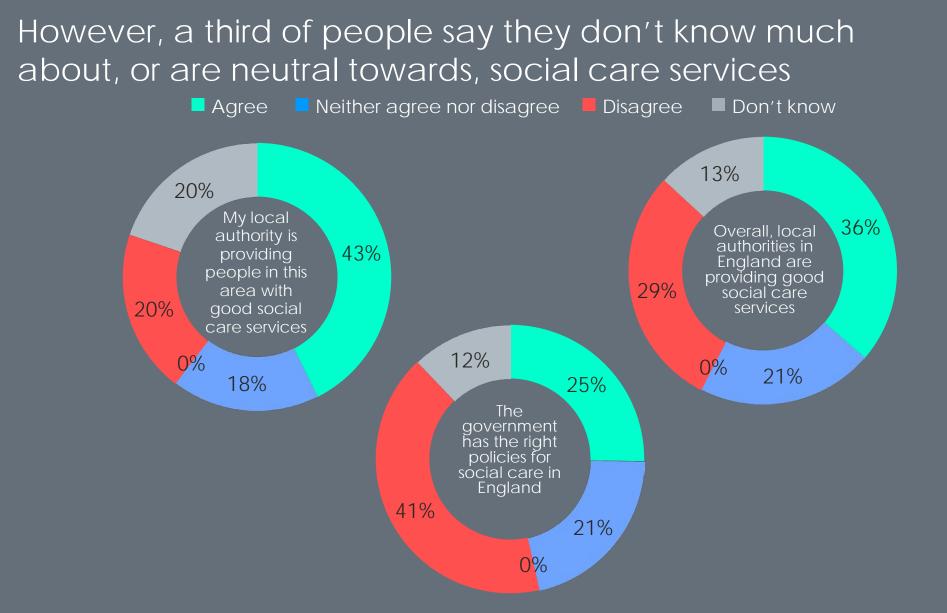
 Older people tend to be happier than younger people about their level of involvement. However, they would also prefer a doctor to make decisions rather than make them themselves, implying they are happier with a minimal level of involvement.

## 6. Social care



To what extent, if at all, do you agree with the following statements...

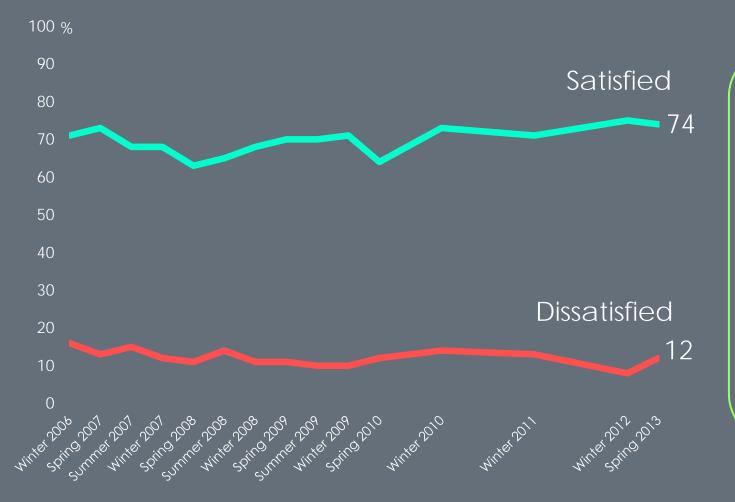
Base: Adults aged 16+ in England (c. 1000 per wave)



To what extent, if at all, do you agree with the following statements...

Base: Adults aged 16+ in England, Spring 2013 (1005)

## Of those who have experienced social care, three quarters are satisfied (though few have experienced it)



4% have experienced services personally

34% have experienced services through family and friends

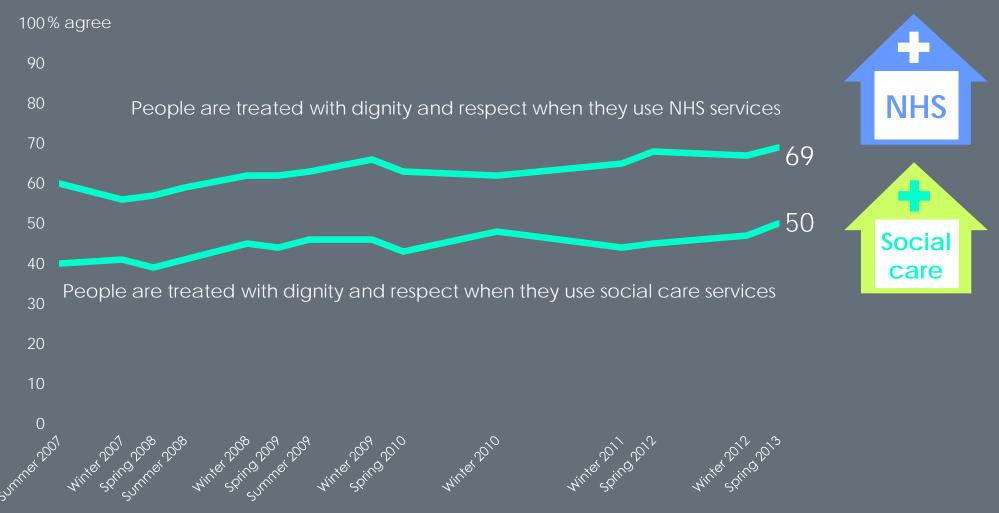
61% have had no contact

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

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

Base: Adults aged 16+ in England, Spring 2013 (1005)

The proportions thinking people are treated with dignity and respect when using NHS and social care services have risen over time, but people continue to be more positive about NHS services than social care services



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)

...and fewer think people are treated with compassion when using social care services than NHS services







48% agree

agree people are treated with compassion when they use NHS services

people are treated with compassion when they use social care services

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

Base: Adults aged 16+ in England, Spring 2013 (1005)

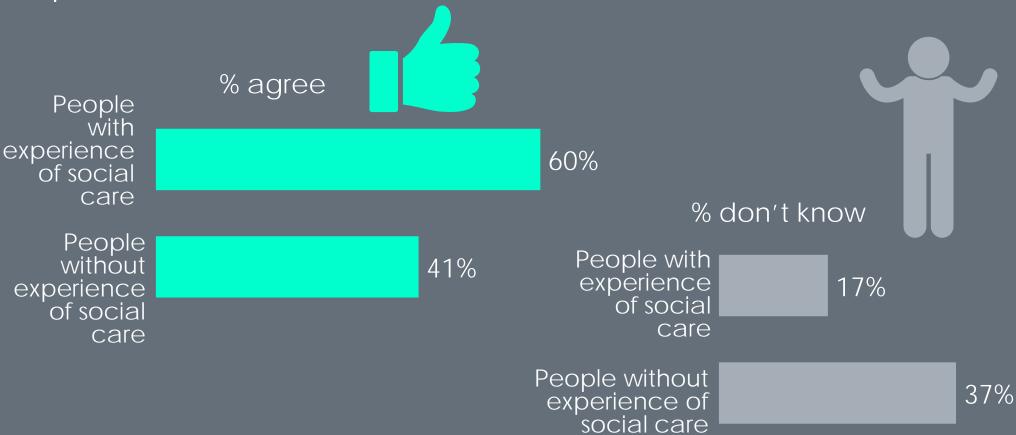
#### ...though again many say they don't know when it comes to social care

People are treated with dignity and respect People are treated with dignity and when they use social care services respect when they use NHS services 8% 6% 17% 6% 27% 19% 42% 7% 16% 52% Strongly agree Tend to agree Tend to disagree Strongly disagree Don't know

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)

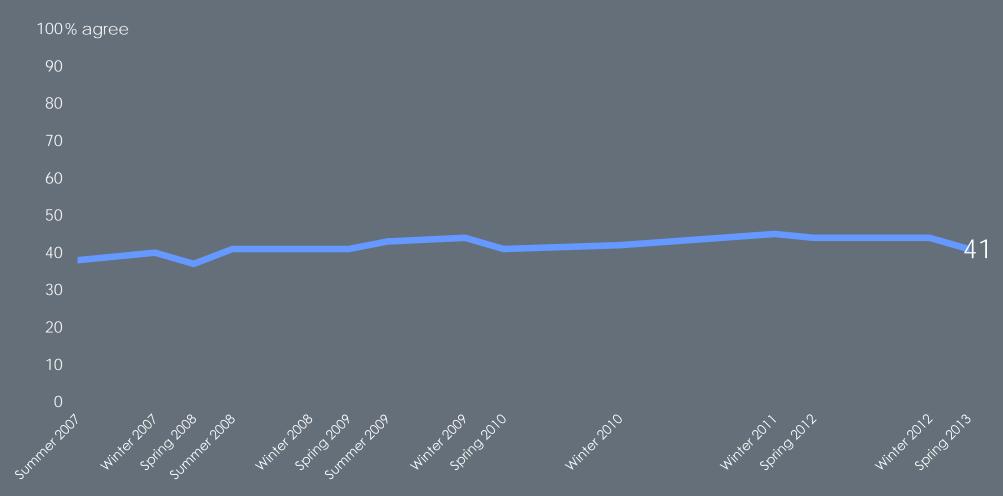
Those with experience of social care are more likely to give an opinion, and to be positive, than those with no experience



Please tell me whether on the whole you agree or disagree with each of the following statements... People are treated with compassion when they use social care services

Base: Adults aged 16+ in England, Spring 2013: People with experience of social care (380); People without experience of social care (625)

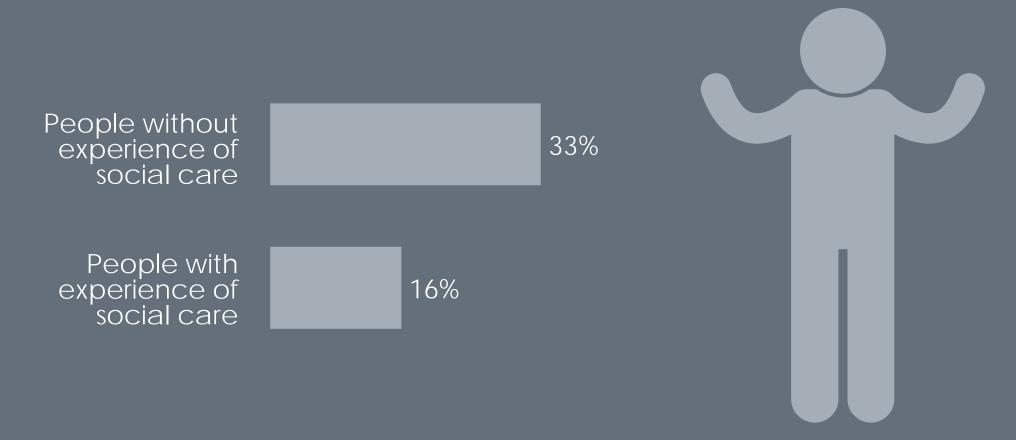
#### Less than half of people think that NHS and social care services work well together



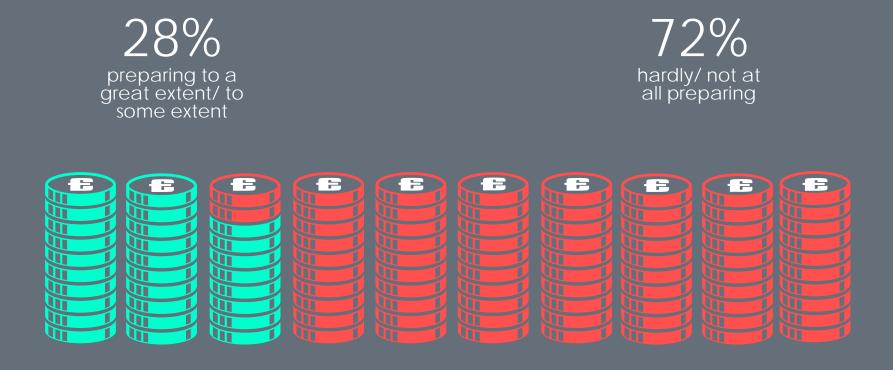
Please tell me whether on the whole you agree or disagree with each of the following statements... NHS and social care services work well together to give people coordinated care

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

...though, again, those who haven't experienced social care services are more likely to say they don't know about this



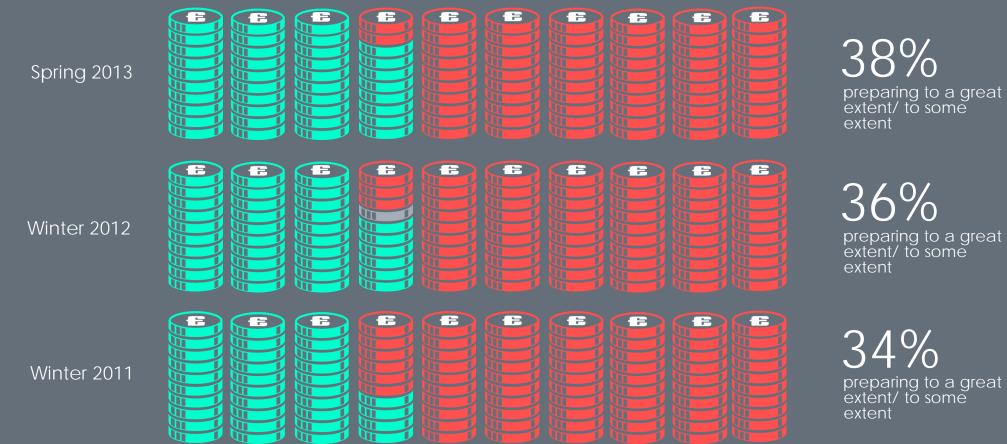
Please tell me whether on the whole you agree or disagree with each of the following statements... NHS and social care services work well together to give people coordinated care (% don't know) Base: Adults aged 16+ in England, Spring 2013: People with experience of social care (380); People without experience of social care (625) Source: Ipsos MORI/DH Perceptions of the NHS Tracker The proportion of people who have started preparing financially for social care services they might need in the future remains low



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, Spring 2013 (1005)

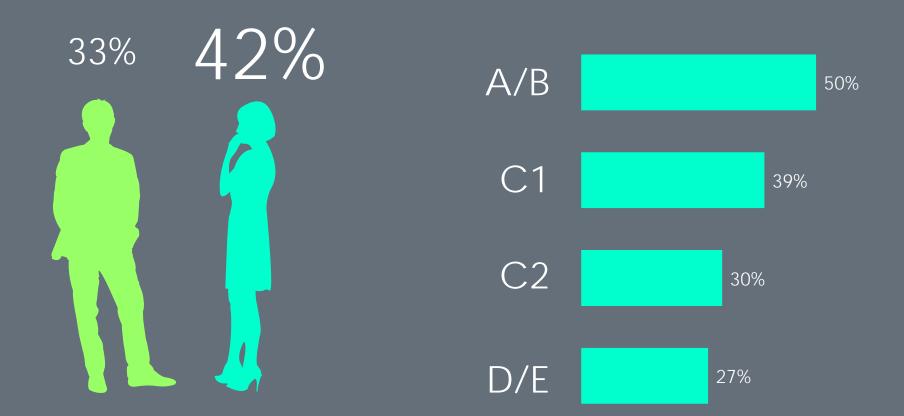
... and though the proportion who have *thought* about preparing seems to have increased slightly over the last 18 months, the change is not significant



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 older?

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

Women and those in social grades A/B/C1 are more likely to have thought about preparing

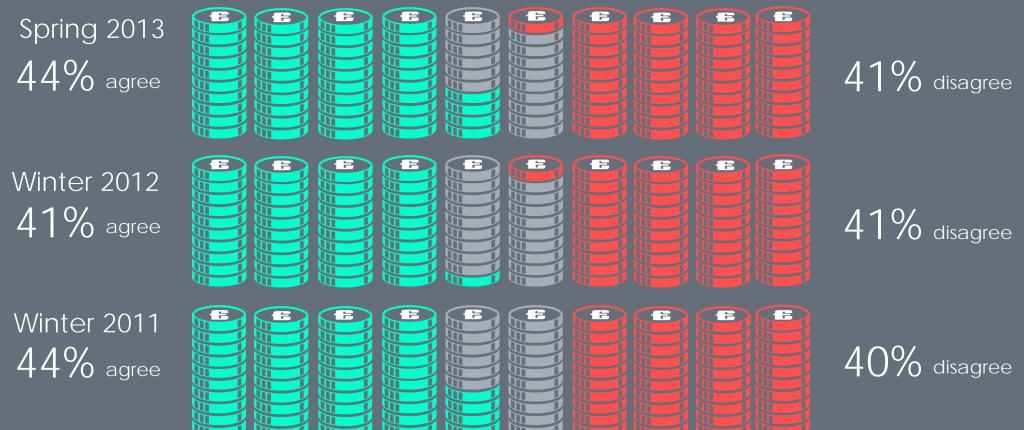


Many people will need to use social care services when they are older and it is likely that they may have to contribute towards the cost. Before today, to what extent had you thought about preparing financially to pay for social care services you might need when you older? (% preparing to a great extent/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

Base: Adults aged 16+ in England, Spring 2013: Men (468); Women (537)

Base: Adults aged 16+ in England , Spring 2013: A/B (259); C1 (335); C2 (212); D/E (199)

People remain divided about whether it is their responsibility to save so they can pay for their care when older



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 (c. 1000 per wave)

#### Key points

o Public opinion of social care services continues to be more negative than NHS services, though it is important to note that large proportions of the public admit they do not know much about social care services.

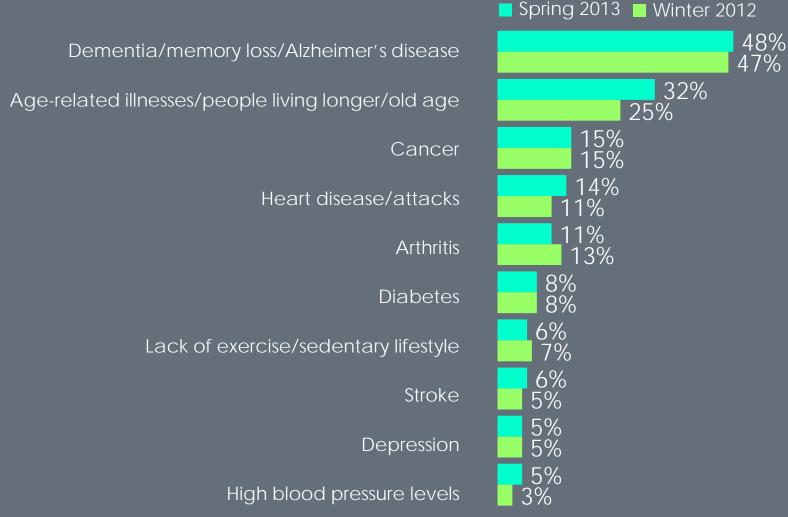
o Indeed less than one in twenty have used social care services and six in ten have had no experience of them.

o So, just looking at those who have had experience of social care services, they tend to be positive about them.

 Very few people have thought about or have started preparing financially for social care services they might need when they are older and people continue to be divided over whose responsibility it is to pay for this care.

# 7. Care for older people

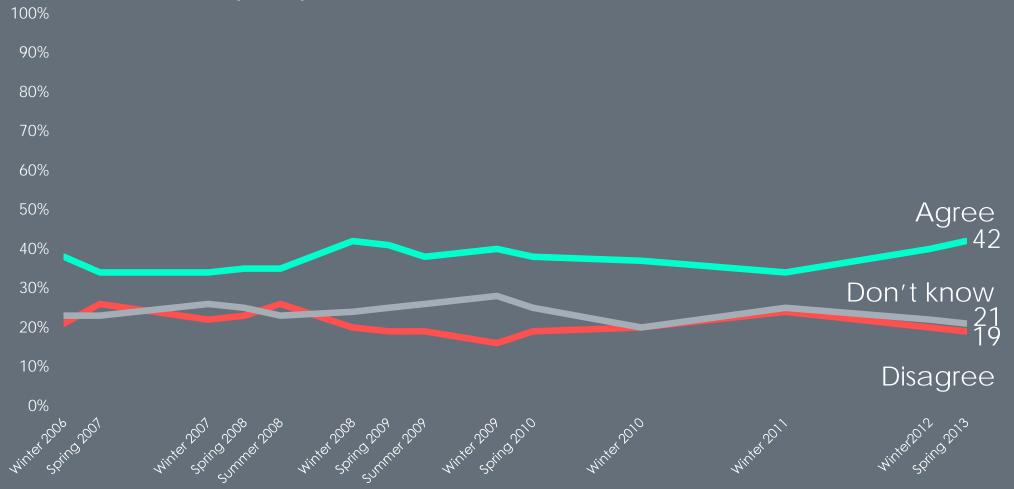
### Dementia/Alzheimer's disease is considered the biggest health problem facing older people today



What are the biggest health problems facing older people today? What else?

Base: Adults aged 16+ in England, Spring 2013 (1005); Winter 2012 (1004)

Just four in ten think their local authority is providing a good service for older people, while two in ten do not know

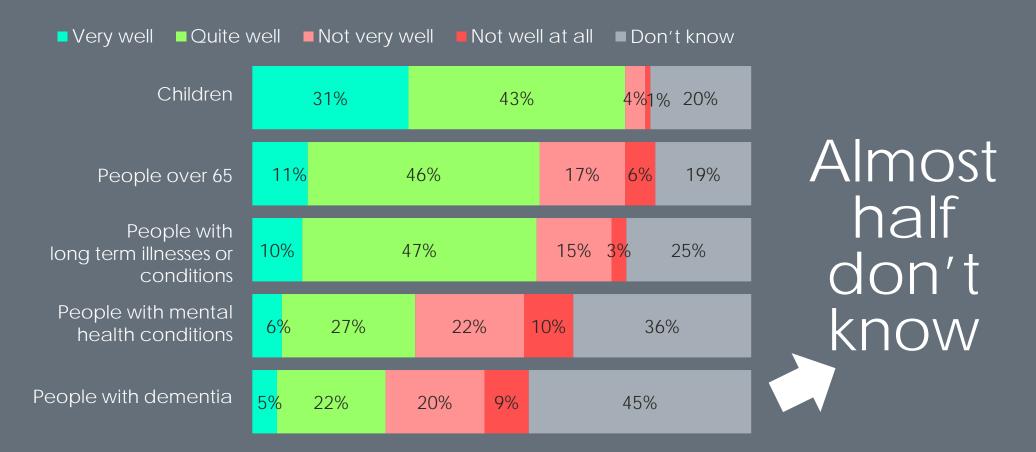


To what extent, if at all, do you agree with the following statements... My local authority is providing a good service for older people

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

Source: Ipsos MORI/DH Perceptions of the NHS Tracke

People are positive about the quality of NHS care for older people, but unsure about care for those with dementia

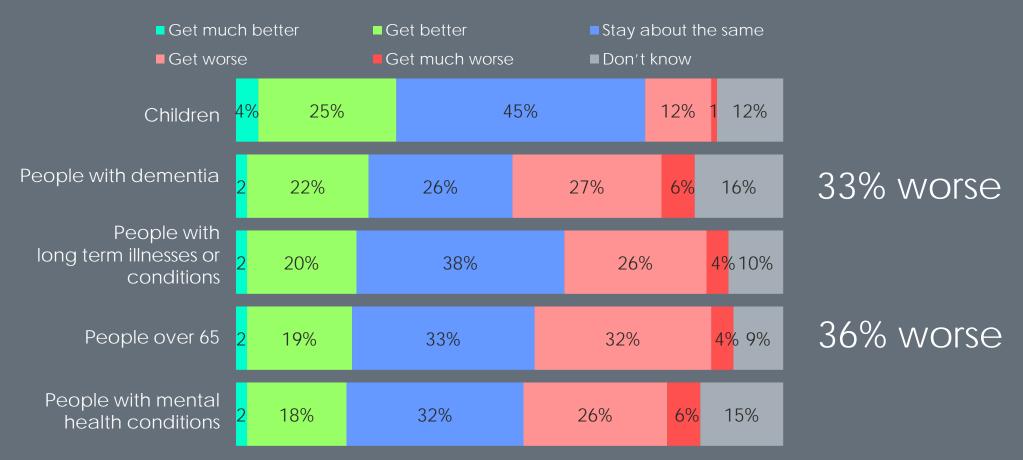


How well do you feel that these groups are currently cared for by the NHS in your local area?

Base: Adults aged 16+ in England, Spring 2013 (1005)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

## However, people are pessimistic about future care for older people and those with dementia



Thinking about NHS care for these groups over the next few years how much better or worse do you expect it to get?

Base: Adults aged 16+ in England, Spring 2013 (1005)

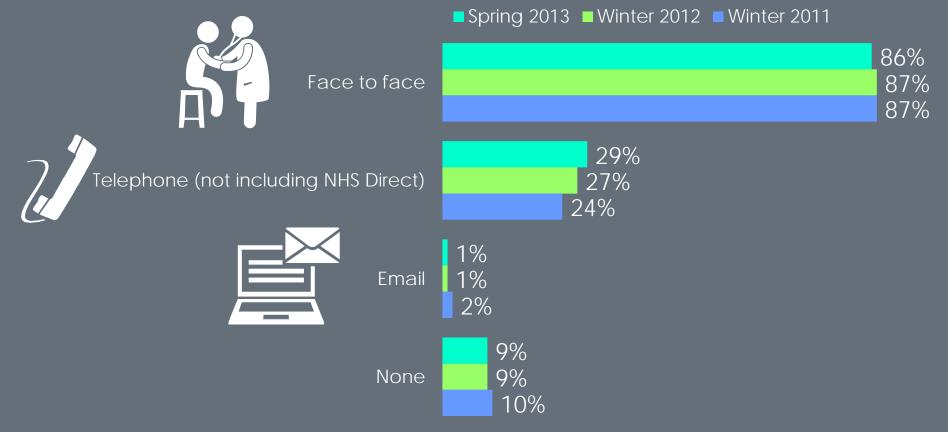
## Key points

 Almost half of the public think that dementia/Alzheimer's Disease is the biggest health problem facing older people today.

 However, when asked about the quality of care for people with dementia or older people, large proportions of people are unable to comment.

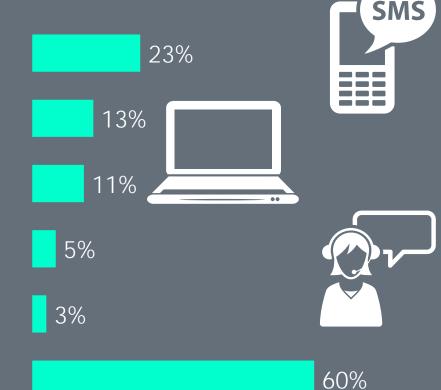
 Despite admitting this, it is interesting that more people think that NHS care for these groups will get worse over the next few years than get better. So, although people do not feel they know a lot about care for older people and the diseases they think affect them, they remain worried about it. 8. Communication channels and technology The majority of people continue to consult their GP face-to-face, though there has been a rise in telephone consultations

Responses of 1% or more



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.

A quarter have received reminders about NHS appointments by text but most have still not used new communication channels



Receiving reminders about appointments by mobile phone text message

Online repeat prescriptions ordering service

Online appointment booking service

111 telephone service for non-emergency assistance

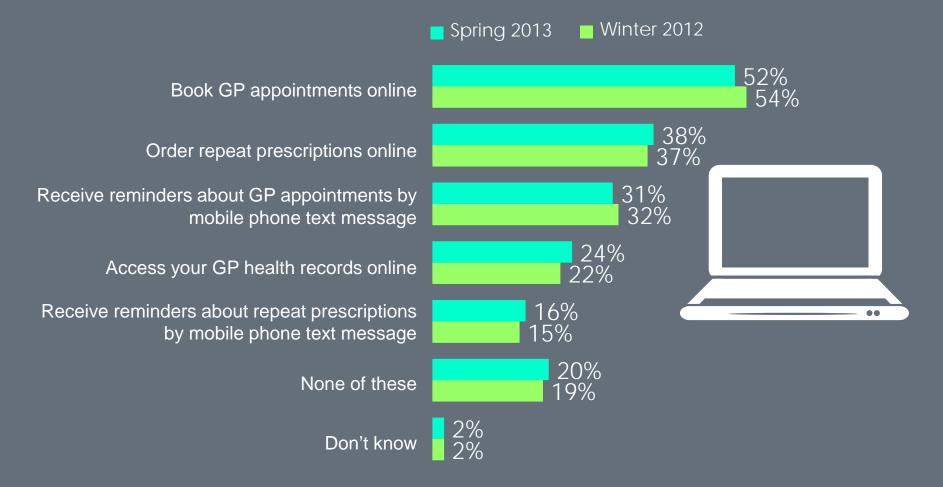
Receiving reminders about repeat prescriptions by mobile phone text message

None of these

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, Spring 2013 (1005)

# Half of people would find it useful to book GP appointments online



#### Which two or three of these, if any, would you find most useful to be able to do?

This was a closed question, with respondents allowed to give up to three answers from the given options indicated Base: Adults aged 16+ in England, Spring 2013 (1005); Winter 2012 (1004)

Source: Ipsos MORI/DH Perceptions of the NHS Tracker

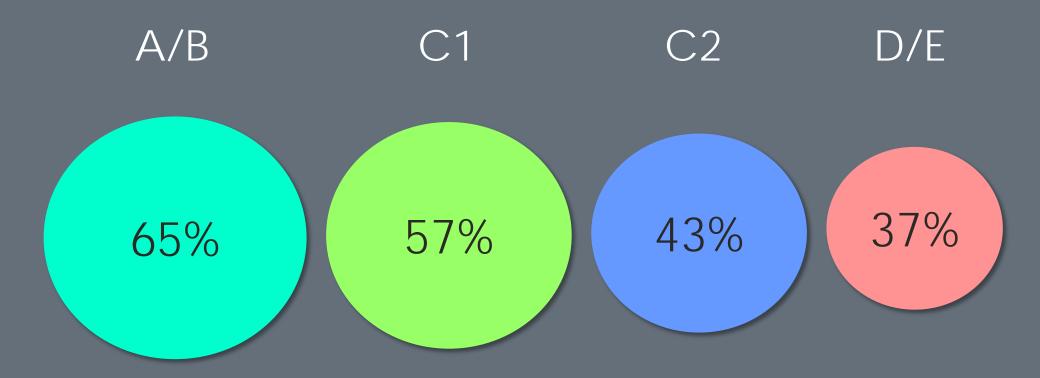
There is far more appetite amongst younger people to book GP appointments online

## 63% 69% 59% 52% 25% 8% 65 - 74 55 - 64 75 and over 16 - 24 25 - 34 35 - 54

Which two or three of these, if any, would you find most useful to be able to do? % Book GP appointments online

Base: Adults aged 16+ in England , Spring 2013: 16 - 24 (144); 25 - 34 (162); 35 - 54 (353); 55 - 64 (154); 65 - 74 (116); 75 and over (76) Source: Ipsc

...and in social grades A/B/C1



Which two or three of these, if any, would you find most useful to be able to do % Book GP appointments online

Base: Adults aged 16+ in England , Spring 2013: A/B (259); C1 (335); C2 (212); D/E (199)

## Key points

 Most people continue to use traditional methods of communication to consult with their GP or contact other NHS services. For example, the majority of people consult their GP face-to-face.

o But there is appetite for using new methods - at least half of people aged up to 64 would find it useful to book GP appointments online .

o It might be worth targeting uptake of digital engagement with NHS services amongst those with the greatest appetite at first: those preretirement age and those in social grades A/B/C1.

# 9. Appendices

## Appendix A. Methodology

Ipsos MORI carried out 1,005 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 2010 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 2008.

All interviews were conducted face-to face and in-home, between 20 May and 26 June 2013.

Interviews were conducted using CAPI (computer-assisted personal interviewing), as were interviews in the winter 2012, spring 2012, winter 2011 and winter 2010 waves of this research. Interviews carried out in waves prior to winter 2010 were conducted using interviewer administered pen-and-paper interviewing.

### Appendix B. 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 per cent 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 C. Guide to statistical reliability

#### 1. How accurately does the survey reflect the views of the English population?

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 1005 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.

Approximate sampling tolerances applicable to percentages at or near these levels				
	10% or 90%	30% or 70%	50%	
Size of sample on which survey result is based	±	±	±	
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	
1,005 interviews	2	3	3	

## Appendix C. Guide to statistical reliability (continued)

#### 2. Comparing the views of different groups within the sample surveyed

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.

Differences required for significance at or near these percentages				
	10% or 90%	30% or 70%	50%	
Size of sample on which survey result is based	±	±	±	
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	

## Appendix C. Guide to statistical reliability (continued)

#### 3. Comparing the results from different waves of the survey

When looking at results to the same question from different waves of the survey, again, 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 waves of the survey 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.

Differences required for significance at or near these percentages				
	10% or 90%	30% or 70%	50%	
Size of sample on which survey result is based	±	±	±	
1004 and 1005 (winter 2012 and spring 2013 surveys)	3	4	4	

## Appendix D. 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
В	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

# Appendix E. Sample profile: demographic details of respondents spring 2013

		Unweighted		Weighted	
Total		n 1005	% 100	n 1005	% 100
Gender	Male	468	47%	490	49%
	Female	537	53%	515	51%
Age	16-24	144	14%	150	15%
	25-34	162	16%	161	16%
	35-54	353	35%	349	35%
	55-64	154	15%	147	15%
	65+	192	19%	199	20%
Social class	AB	259	26%	259	26%
	C1	335	33%	334	33%
	C2	212	21%	212	21%
	DE	199	20%	198	20%
Work Status	Full-time	438	44%	433	43%
	Not full-time	567	56%	572	57%
Ethnicity	White	904	90%	904	90%
Black African	/Caribbean/Black British	23	2%	23	2%
Asian/Asian British		49	5%	49	5%
Mixed/mult	tiple ethnic groups	16	2%	16	2%

## Appendix F. Referenced reports

Where relevant, this report draws on research and data from other publications and this is clearly referenced. Here is a summary of these publications:

o Issues Index, Ipsos MORI, 20 June 2013

A representative sample of c.1,000 British adults age 18+ each month, interviewed face-to-face in home. Most recent fieldwork 31 May - 11 June 2013

http://www.ipsos-mori.com/researchpublications/researcharchive/3185/EconomistIpsos-MORI-June-2013-Issues-Index.aspx

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.

- o Spring 2000: results are based on 1,046 interviews in 104 enumeration districts between 14 April and 7 May 2000.
- o Winter 2001: results are based on 1,021 interviews in 104 enumeration districts between 21 November and 10 December 2001.
- o Spring 2002: results are based on 1,041 interviews in 108 enumeration districts between 4 May and 5 June 2002.
- o Winter 2002: results are based on 1,002 interviews in 108 enumeration districts between 21 November and 24 December 2002.
- o Spring 2003: results are based on 1,000 interviews in 108 enumeration districts between 12 May and 8 June 2003.
- o Winter 2003: results are based on 1,039 interviews in 104 enumeration districts between 18 November 2003 and 18 January 2004.
- o Spring 2004: results are based on 1,031 interviews in 104 enumeration districts between 4 June and 6 July 2004.
- o Winter 2004: results are based on 994 interviews in 102 output areas between 13 November and 12 December 2004.
- o Spring 2005: results are based on 1,002 interviews in 101 output areas between 1 June and 7 July 2005.
- o Winter 2005: results are based on 1,041 interviews in 104 output areas between 12 November and 13 December 2005.
- o Spring 2006: results are based on 1,009 interviews in 129 output areas between 13 June and 9 July 2006.
- o Winter 2006: results are based on 1,011 interviews in 86 output areas between 10 November and 3 December 2006.
- o Spring 2007: results are based on 1,013 interviews in 87 output areas between 3 March and 2 April 2007.
- o Summer 2007: results are based on 1,026 interviews in 113 output areas between 22 June and 20 July 2007.

## Appendix F. Referenced reports (continued)

- o Winter 2007: results are based on 1,011 interviews in 88 output areas between 12 November and 15 December 2007.
- o Spring 2008: results are based on 1,036 interviews in 88 output areas between 10 March and 6 April 2008.
- o Summer 2008: results are based on 1,003 interviews in 88 output areas between 27 May and 23 June 2008.
- o Winter 2008: results are based on 1,003 interviews in 104 output areas between 17 November and 15 December 2008.
- o Spring 2009: results are based on 1,015 interviews in 104 output areas between 9 March and 5 April 2009.
- o Summer 2009: results are based on 1,039 interviews in 104 output areas between 25 May and 26 June 2009.
- o Winter 2009: results are based on 1,008 interviews in 104 output areas between 12 November and 10 December 2009.
- o Spring 2010: results are based on 1,006 interviews in 104 output areas between 22 February and 22 March 2010.
- o Winter 2010: results are based on 1,011 interviews in 104 output areas between 22 November and 23 December 2010.
- o Winter 2011: results are based on 1,001 interviews in 104 output areas between 14 November and 9 December 2011.
- o Spring 2012: results are based on 1,015 interviews in 104 output areas between 4 and 31 May 2012.
- o Winter 2012: results are based on 1,004 interviews in 104 output areas between 5 November and 16 December 2012.



For further information please contact:anna.quigley@ipsos.com020 7347 3996leila.tavakoli@ipsos.com020 7347 3832harry.carr@ipsos.com020 7347 3162

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