

Health

How have the public's views of the NHS changed over the last 30 years?

In the last 30 years the NHS has undergone great periods of change. We have seen increased financial investment in the NHS, and a number of changes to the structure and management of the service. At the same time the demands placed on the NHS have increased, as the British population grows and ages. How has satisfaction with the NHS changed over the period, and how far is it linked to particular policies or spending?

Satisfaction with the NHS

Levels of public satisfaction with the NHS are higher than they have been throughout most of the last 30 years. However, satisfaction is lower than it was at the end of Labour's term in office.



Six in ten (61%) people in Britain are **satisfied** with the NHS. This compares to a low point in 1997 when 34% were satisfied and a high point in 2010 when 70% were satisfied.



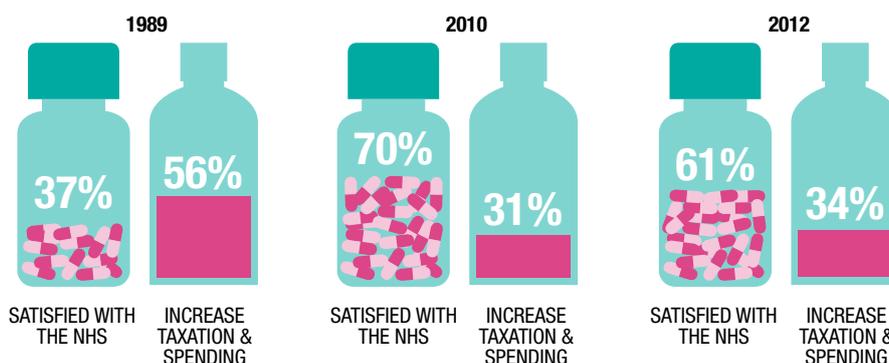
Older people (75 and over) are **more satisfied** than their younger counterparts: 75% are satisfied in 2012 compared with 63% of those aged between 18 and 24.

Attitudes to funding

Over the last 30 years support for increasing taxes to fund health and other public services has been associated with satisfaction with the NHS, with lower levels of support for extra funding when levels of satisfaction are high.

Support for **increasing taxes and spending** is at its third lowest level (34%) since 1983 with the majority (53%) wishing to keep taxation and spending at the same level as now.

As levels of public satisfaction increase, people feel there is less of a need to increase taxation and spend more on the NHS and other public services.



Introduction

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The last 30 years have seen a number of policy changes affecting the NHS

Since British Social Attitudes began in 1983, the National Health Service (NHS) has undergone great periods of change. There have been three switches in government power (from Conservative (to 1997), to Labour (1997 to 2010), to the current coalition government), each time resulting in a shift of philosophy about how the NHS should be run. Spending on the NHS has more than trebled in real terms in the past 30 years, from around £39 billion in 1983 to nearly £120 billion in 2012. Increased spending has far outstripped the growth of the British population and the demands entailed by an ageing society. It has facilitated an increase in the number of doctors, and advances in medical technology and new drugs. Alongside increased financial investment in the NHS, the last 30 years have seen a number of policy changes affecting the structure and management of the NHS. A number of the resultant changes have been very visible to the British public, such as a dramatic decline in NHS waiting times and a decrease in the number of hospital beds.

The 30th anniversary of British Social Attitudes provides an opportunity to examine how the British public's views and attitudes towards the NHS have evolved in the last 30 years. British Social Attitudes has measured public satisfaction with the NHS virtually every year since 1983. Each year, we have also asked the public about government priorities for taxation and spending, including the relative priority it places on health care. Focusing particularly on age and party political identification, we seek to understand how and why the public's attitudes towards the NHS have changed over the last 30 years. We report on public levels of satisfaction with the NHS over the past 30 years, and discuss whether, and if so how, satisfaction with the NHS appears to be aligned with government health care policies and government spending on the NHS. We look at the extent to which people's views on the NHS reflect whether they support the political party in power, as well as whether changes in levels of public satisfaction with the NHS reflect the fact that Britain is an ageing society. We assess whether, over the past 30 years, the British public has continued to support the founding principle of the NHS as a health care system which is funded collectively on the basis of ability to pay through taxation, but accessible to all on the basis of need and regardless of income. And we attempt to answer how far the British public has supported government policies around spending on the NHS, and where has there been a divergence of views. Finally, we think through the implications of these issues for the future of the NHS.

Changes for the NHS between 1983 and 2012

Understanding how public perceptions of the NHS have evolved over the last 30 years requires us to consider how the NHS in particular and Britain more generally have changed over that period. Firstly, there have been changes in the size, age profile and health of the British population, affecting the demands on the NHS. Secondly, there have been major changes in government spending on health care, and in policies around the structure and management of the NHS. Table A.1 in the appendix to this chapter shows how Britain and the NHS have changed between 1983 and 2012, across a range of measures; key ones are described below.



Demand on the NHS rose as the British population increased and aged

£2,054
per person is spent by government on NHS care

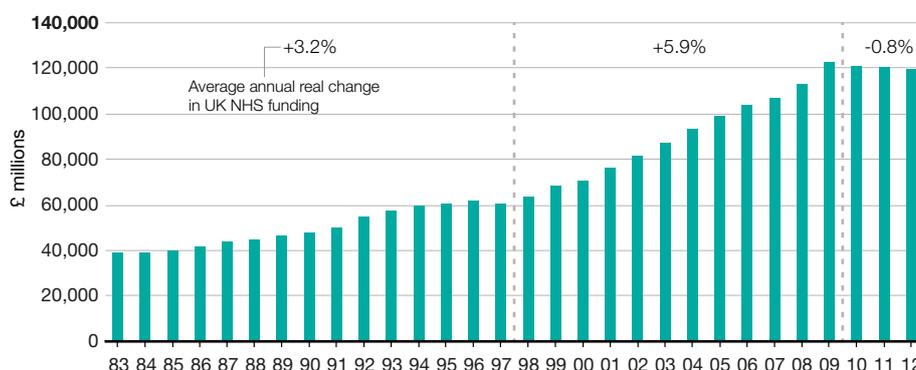
Population changes

Over the last 30 years there have been huge changes in the size of the population of Great Britain and in its demographic structure. Between 1983 and 2012, the British population grew by 6.7 million people – twice the population of Wales and equivalent to the creation of six new cities the size of Birmingham (Office for National Statistics, 2012). In terms of the number of people drawing on NHS services, demand has increased by 12 per cent over the period. In reality, however, the demand on NHS services has risen more than this, as the British population has also aged. Between 1983 and 2012 there was a historic switch in the demographic profile of NHS users, with the number of people of pensionable age overtaking the number of children in the population: the number of pensioners in Britain increased by 21 per cent, to 11.9 million (Office for National Statistics, 2011a, 2011b). Over the same period, greater wealth, lifestyle changes and increased funding for health care have also contributed to people living longer: life expectancy has increased from 90 to 94 years for women and from 85 to 91 years for men between 1983 and 2012 (Office for National Statistics, 2011c).

Spending on the NHS

Over the past 30 years, the UK economy has grown considerably: its Gross Domestic Product (GDP) per capita (an indicator of the country’s standard of living) increased in real terms by 73 per cent over the period.[1] Health care has been a major focus of government spending of this extra wealth, with spending on the NHS more than trebling in real terms between 1983 and 2012, from around £39 billion to nearly £120 billion. The government now spends an average of £2,054 per person on their NHS care, compared with only £737 in 1983 (the 1983 amount is inflated to reflect 2012 prices) (Organisation for Economic Co-operation and Development, 2013). Figure 4.1 shows how real spending has grown since 1983, with real increases in most years. While there have been year to year fluctuations in the change in real spending, average annual spending increases from 1983 to 1997 were generally smaller (+3.2 per cent) than the period from 1997 to 2009 (+5.9 per cent). The more recent impact of the spending restraint from 2010 onwards is also evident with a real average annual reduction in spending of around 0.8 per cent.

Figure 4.1 UK NHS spending (2012 prices)



Source: 1983–1996: Organisation for Economic Co-operation and Development (2013); 1997–2011: Office for National Statistics (2013a); 2012: Authors’ estimate[2]
The data on which Figure 4.1 is based can be found in the appendix to this chapter

Extra spending on the NHS has led to increases in resources – the number of doctors for every 1,000 people in the population has more than doubled, for example. Together with changes in medical technology and new drugs, this has

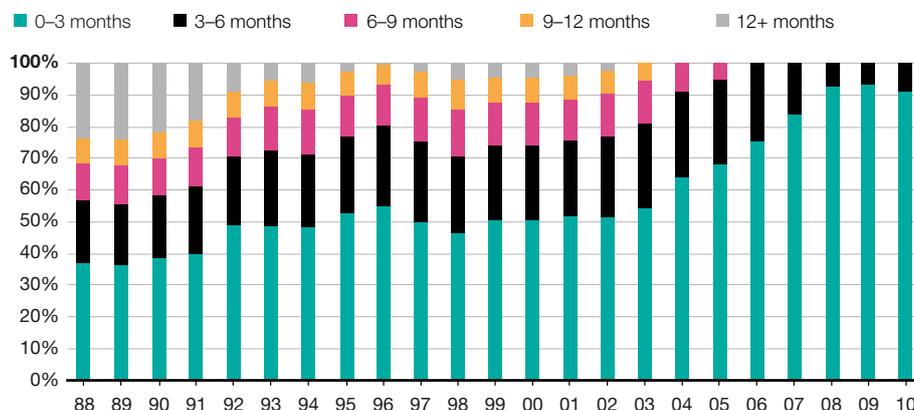
contributed to a fall in death rates by a quarter and a fall in infant mortality rates by 60 per cent (Office for National Statistics, 2013b). Importantly, factors other than health care – such as increased wealth and changes in lifestyle – have also made major contributions to improved health. For example, in 1983 37 per cent of men and 33 per cent of women smoked; by 2010 these figures had dropped to around 20 per cent for both sexes (Cancer Research UK, 2013).

Changes in the structure and management of the NHS

At the start of British Social Attitudes in 1983 there was a Conservative government. Over the period to the end of Conservative rule in 1997, the NHS was subject to a number of organisational changes. In 1984 for example, the general management restructuring following the Griffiths Inquiry (Griffiths, 1983) a year earlier was implemented together with changes in management and organisational layers in the NHS. Perhaps the most significant policy development of the period was the introduction in 1991 of an internal market into the NHS. The White paper *Working for Patients*, published in 1989, set out the basic idea of a separation between purchasers (health authorities and GP 'fundholders') and the providers of secondary care services (Department of Health, 1989). The competition between providers for contracts and patients was expected to improve quality and efficiency.

While the various structural reorganisations – including the internal market – kept the administrative and political groups busy, the impact of these changes on patients, the public and the performance of the NHS was more difficult to discern. On a key and high profile measure of NHS performance – hospital waiting times – the Conservative administrations from 1983 recorded some success, reducing the proportion of English inpatients (excluding day cases) waiting over 12 months from around 30 per cent in 1983 to just four per cent (including day cases) in the summer of 1997. Figure 4.2 shows trends in waiting times for inpatients and day cases on a consistent basis (Department of Health, 2010). But such success was largely a result of specific efforts, such as directing money through the waiting times initiative as well as setting targets for reductions via the Patients' Charter (Department of Health, 1991), rather than the various reorganisations of the NHS. And despite this, over the period from 1983 to 1997 the number of people on English NHS waiting lists grew and over a quarter of those on lists still waited over six months for admission to hospital.

Figure 4.2 Trends in inpatient waiting times, 1988–2010 (March)



Source: Department of Health (2010)

Data prior to 1988 and post 2010 not available

The data on which Figure 4.2 is based can be found in the appendix to this chapter



Despite Conservative NHS spending and targets, waiting lists grew between 1983 and 1997

In the year that the Labour Party regained power, spending on the NHS across the UK fell in real terms, the first time since the early 1950s. Waiting times were still an issue of concern for the public, to the extent that a promise was made as part of the Labour Party's 1997 'pledge card' to reduce the number of patients on NHS waiting lists by 100,000. While this missed the point that the public's concern was with waiting *times* rather than the length of the queue *per se*, over the next decade the Labour government achieved significant reductions in waiting times. However, as Figure 4.2 shows, it was only from 2003 that they made further inroads into reducing long waiting times.

Again, this success came not through large-scale organisational reform (although that too was to happen) but through tough targets and sanctions on hospitals and managers, coupled with increased spending and practical support to disseminate ways of managing patients through the system more speedily. By March 2010, just over nine in ten inpatients waited three months or less for admission and virtually no one waited more than six months (Figure 4.2).

The Labour government stuck with the spending plans of its Conservative predecessor until 1999, when the significant decision was taken to increase spending on the NHS (with the aim of eventually matching the average of those countries then constituting the European Union). Between 1997 and 2009, NHS spending increased from 5.4 per cent of GDP to 8.4 per cent, compared with virtually no change in spending as a proportion of GDP between 1983 and 1997. Higher spending allowed the NHS to employ more staff. While the number of NHS doctors per 1,000 population increased by 0.6 over the 16 years from 1983 to 1999, over the 11 years from 1999 to 2010 the number increased by 0.7 (Organisation for Economic Co-operation and Development, 2013).

More contentiously perhaps, the Labour Party's 1997 manifesto policy to abolish the internal market was, by 2000, revised and a more active approach was taken to encouraging competition within the NHS through greater formalisation of patient choice and the introduction of incentives to market entry from the independent sector. However, as a result of devolution, the NHS in Wales and Scotland took a different path, embarking on a more integrated and alternative approach to the use of competition.

When the coalition government came to power in 2010, Britain's economic problems necessitated a combination of tax rises and retrenchment of public spending in the wake of the global financial crisis and ensuing recession. Although spending on the NHS in England was ring-fenced, in practice this meant very small real rises compared with previous years, while in other parts of Britain, there were real cuts (in Wales) and zero real increases (in Scotland). Despite the squeeze on funding, in England at least, the historically low waiting times were more or less maintained.

Satisfaction with the NHS

Virtually every year since 1983, we have included a question on overall satisfaction with the NHS, providing an overarching measure of health service performance:

All in all, how satisfied or dissatisfied would you say you are with the way in which the National Health Service runs nowadays?



After 1999 Labour considerably increased spending on the NHS



The Coalition ring-fenced spending on the NHS in England

By looking at the way in which people have responded to this question each year over the past 30 years, we can answer a number of the questions we posed above:

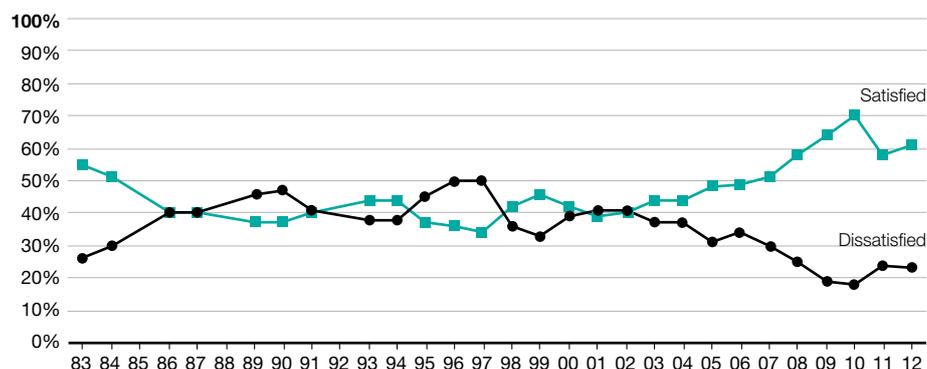
- How satisfied has the public been with the NHS over the past 30 years?
- How closely does public satisfaction with the NHS appear to be aligned with government health care policies and government spending on the NHS? What policies have proved more or less popular with the public?
- How far are people’s views simply reflecting their views more widely about the political party in power?
- To what extent might changes in levels of public satisfaction with the NHS reflect the fact that Britain has an ageing society?

The answers to these questions are not necessarily easy to predict, given the potentially competing issues at work. As we have shown, spending on the NHS has increased hugely over the last 30 years, and on a key performance measure – hospital waiting times – there have also been significant improvements. It would be surprising if these developments had not had some positive impact on public satisfaction with the NHS. Added to this, the fact that we are an ageing society might lead us to predict, for two reasons, that levels of satisfaction with the NHS have gone up. Firstly, older people are more frequent users of NHS services, and, secondly, NHS users, on average, are more likely to report being satisfied with the NHS (Appleby and Phillips, 2009). Conversely, with a state-funded health care system which has been the norm for over 60 years, it may well be that the public’s expectations of the NHS have also increased, making them harder to please: this might suggest a drop in, or levelling out of, satisfaction levels. It is also possible that people’s perceptions of the NHS will be coloured by the political party in power. Health care in Britain, as in most countries, is an intensely political issue, as every government which has tried to change or reform the NHS can attest. It is possible that satisfaction with the NHS is associated with people’s party political affiliations and whether they support the government in power.

Trends in satisfaction with the NHS

Our first question is: how satisfied has the public been with the NHS over the past 30 years? Figure 4.3 shows levels of public satisfaction from 1983 to 2012, with one line showing the percentage in each year who reported being “very” or “quite satisfied” with the way in which the NHS runs, and the other showing the percentage who reported being “very” or “quite dissatisfied”.

Figure 4.3 Satisfaction with the NHS overall, 1983–2012



The data on which Figure 4.3 is based can be found in the appendix to this chapter

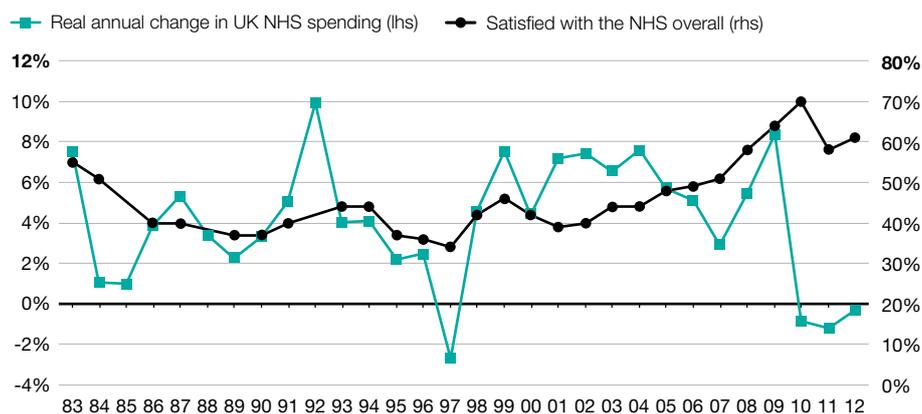
61%
 are satisfied with the NHS
 – the third highest reading
 in our period

In 1983, at the start of the time-series, 55 per cent of the public were satisfied with the NHS, twice the proportion (26 per cent) who felt dissatisfied with how it was run. Three years later, in 1986, satisfaction levels had dropped to only 40 per cent of the population, with equal proportions expressing dissatisfaction. Over the subsequent decade and a half, to 2001, while levels of satisfaction fluctuated a little, the broad trend was relatively flat (the lowest point was in 1997 when only 34 per cent of the population was satisfied and half (50 per cent) reported being dissatisfied). Then, between 2001 and 2010, satisfaction rose, with 2010 seeing 70 per cent of the British population satisfied with the NHS, nearly four times the number of people who were dissatisfied. In the last two years, satisfaction levels with the NHS have dropped dramatically, to 61 per cent in 2012. That said, compared with the 1980s and 1990s, public satisfaction with the NHS is still high: satisfaction in 2012 remains at its third highest level since 1983.

Are the trends in satisfaction connected with government funding and policies?

The fluctuations in levels of satisfaction with the NHS suggest that public opinion is associated with what is happening within the NHS during any given period (or in the recent past, given we might expect changes in satisfaction to lag somewhat behind events). Any changes attributable to demographic shifts in the population would tend to show up as smooth – or linear – slopes in the line graph, rather than the peaks and troughs we saw in Figure 4.3. In order to unpick what might be affecting public satisfaction, we look firstly at the relationship between levels of government spending on the NHS and public satisfaction (Figure 4.4), and then at potential associations between government policy and satisfaction. As well as looking at overall satisfaction with the NHS, we report on trends in satisfaction with individual elements of the NHS, to see if they can help explain the fluctuations in the overall trend.

Figure 4.4 Real annual changes in UK NHS spending and percentage satisfied with the NHS overall, 1983–2012



Source: Data underlying real spending calculations: 1983–1996: Organisation for Economic Co-operation and Development (2013); 1997–2011: Office for National Statistics (2013a); 2012: Authors’ estimate[2]. The data on which Figure 4.4 is based can be found in the appendix to this chapter

As Figure 4.4 suggests, it is hard to discern any consistent association between annual changes in real funding and levels of satisfaction with the NHS. (Indeed, this is confirmed statistically, with a correlation coefficient of just 0.1 between spending and satisfaction across the whole period from 1983 to 2012.) Given the likelihood that details of changes in real NHS spending from year to year are almost certainly unknown to most people, the lack of a relationship between

the two is perhaps not surprising. Nevertheless, it is in the decade from around 1999 to 2009 when NHS spending increased at a new and accelerated rate that satisfaction too recorded its most consistent increases. While the public may not have known about the detail of spending changes over time, it may have been more aware of the broader upward trend.

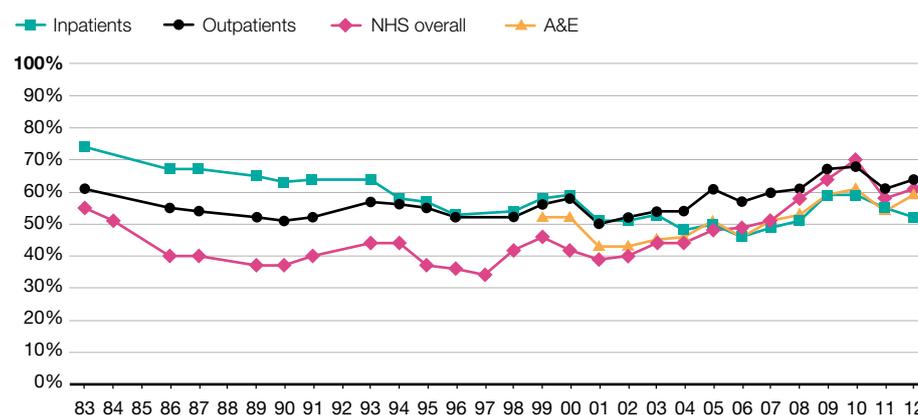
Alternatively, the rise in public satisfaction with the NHS may have been a result of the tangible effects of the extra spending. By way of example, and as Figure 4.2 showed, over the period between 2003 and 2010 the proportion of inpatients waiting over three months for admission to hospital fell from around 49 per cent to nine per cent. If we look at this in relation to public satisfaction, we see that levels of satisfaction started to rise at the same time as long waits started to decrease.

GPs are one of the most highly rated parts of the NHS

We can try to unpick the relationship between government policy and public satisfaction further by looking at a set of questions, again asked on British Social Attitudes virtually annually since 1983, on satisfaction with key parts of the NHS: general practice (GPs), dentistry, inpatients, outpatients and accident and emergency (A&E) departments.[3]

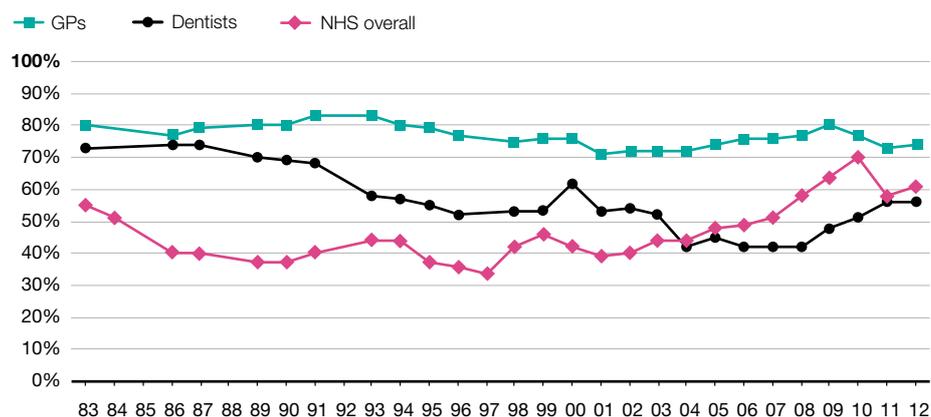
Looking firstly at satisfaction with hospital services in Figure 4.5, while satisfaction with outpatient and A&E services broadly mirror the fluctuations in levels of overall satisfaction with the NHS, for inpatient services there has been a long-term general decline in satisfaction. Although levels of satisfaction with inpatient services rose for a period between 2004 and 2010 (at the time when overall satisfaction was rising rapidly, as was spending on the NHS), in the 30 year period between 1983 and 2012, the proportion of the public satisfied with inpatient services fell by 22 percentage points from 74 per cent to 52 per cent.

Figure 4.5 Percentage satisfied with NHS inpatients, outpatients and accident and emergency services, 1983–2012



The data on which Figure 4.5 is based can be found in the appendix to this chapter

Unlike other NHS services and the NHS overall, trends in satisfaction with GPs have remained relatively constant since 1983, continuing to be one of the most highly rated parts of the NHS. Satisfaction with NHS dentists on the other hand was in long-term decline between 1983 and 2005, then recovering to some extent from 2008 – a change most likely linked to government attempts to improve accessibility to NHS dentistry (Appleby, 2012) (Figure 4.6).

Figure 4.6 Percentage satisfied with GPs and dentistry, 1983–2012

The data on which Figure 4.6 is based can be found in the appendix to this chapter

Are the trends in satisfaction connected with affiliations with the party in power?

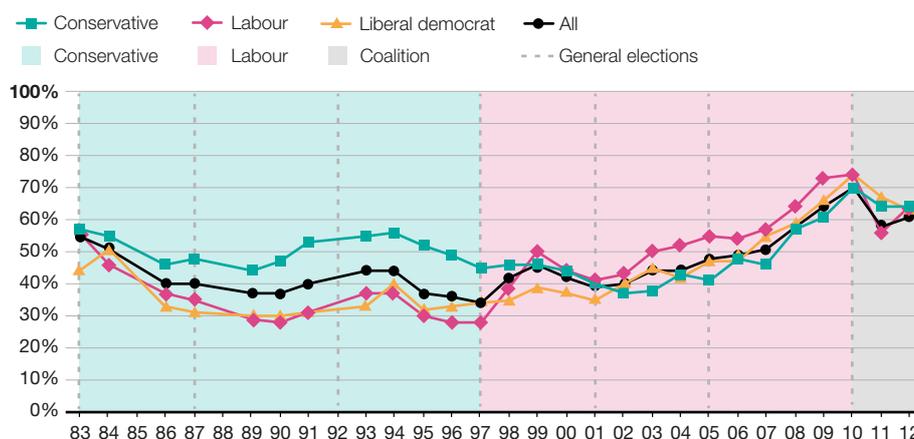
The origins and funding of the NHS, not to mention its direct accountability to ministers, have meant that it has remained for all of its history intensely political. And it has been clear since the earliest British Social Attitudes surveys that there has been a link between people's party political identification and their satisfaction with the NHS. So, with seven changes of government over the last 30 years – two continuous periods of rule by the Conservative Party and the Labour Party respectively, and latterly a Conservative/Liberal Democrat coalition government – to what extent can changes in the public's satisfaction with the NHS be accounted for by affiliation with the party in power?

Figure 4.7 shows how satisfaction levels with the NHS have fluctuated over the 30 year period among Conservative, Labour and Liberal Democrat identifiers. The timeline is split into periods of Conservative, Labour and coalition government and, within these, into each parliament. It is clear that supporters of the party in power tend to rate their satisfaction with the NHS as higher than those who support the opposition. So, during the period of Conservative government from 1983 to 1996, Conservative supporters expressed greater satisfaction with the NHS than supporters of either the Labour or Liberal Democrat parties. For most of this period, the gap between Conservative and Labour/Liberal Democrat identifiers averaged around 12 percentage points. And in the period of the Labour governments (1997–2010) Labour supporters' satisfaction tended to be higher than that of Conservative or Liberal Democrats (although the gap tended to be smaller than that between Conservative and Labour supporters between 1983 and 1996). Statistically, the correlation over the years 1983 to 2012 is strongest between Labour and the Liberal Democrats and weakest between the Conservatives and Labour.^[4] That is, the views of Labour party and Liberal Democrat supporters are quite similar, much more so than the views of Labour and Conservative supporters.



Supporters of the party in power show higher satisfaction with the NHS than opposition supporters

Figure 4.7 Percentage satisfied with the NHS overall, by party identification, 1983–2012



The data on which Figure 4.7 is based can be found in the appendix to this chapter

However, while party affiliation is clearly influencing levels of satisfaction, it does not explain the general trends in satisfaction with the NHS. It is clear that other, non-party political, factors influence satisfaction with the NHS among supporters of different parties. Fluctuations in the levels of satisfaction from supporters of all three political parties follow a very similar pattern. For instance, satisfaction with the NHS from supporters of all three parties fell in the years leading up to the switch from the Conservative to Labour government in 1997. And satisfaction with the NHS rose among supporters of all three parties during Labour’s reign. While there is general evidence of satisfaction levels being higher among those identifying with the party of government, and of satisfaction among those identifying with the party in power rising more quickly once they come to power than supporters of other parties (for instance, satisfaction among Labour supporters rose more quickly and more steeply than satisfaction among Conservative supporters after Labour came to power in 1997), there are clearly factors other than party affiliation affecting satisfaction with the NHS.

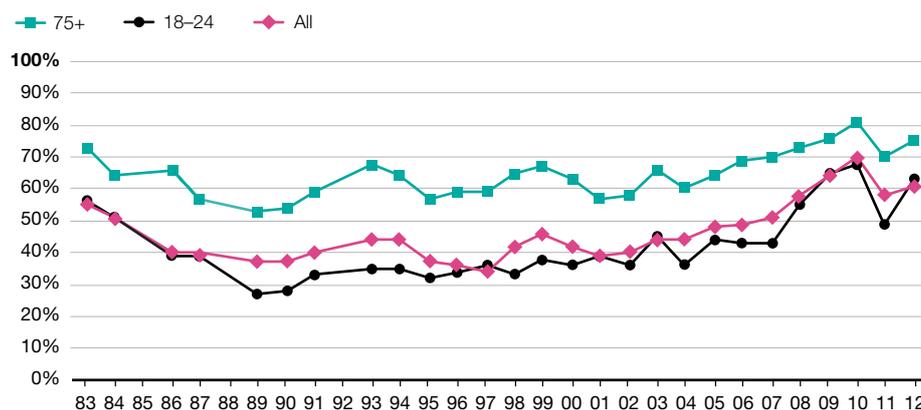
How and why does satisfaction vary across age groups?

We have established that trends in satisfaction with the NHS are explained to a certain extent by the political landscape in general and policies around the NHS in particular. However, that is not to say that there have not been more linear changes in trends caused by wider societal changes over the past 30 years. There is a long-established link between age and satisfaction with the NHS, with older groups tending to express more satisfaction with the NHS than younger groups. Figure 4.8 shows trends in satisfaction levels for those aged 18 to 24 and those aged 75 and over. Clearly, satisfaction among both age groups fluctuates in line with the overall trend[5] showing that satisfaction among both age groups is being affected by the changes in external factors we describe above. This is often referred to as a ‘period effect’, where there are factors or shifts in attitudes affecting all age groups. However, while the size of the gap between the two groups fluctuates, the proportion of people aged 75 and over who express satisfaction with the NHS is 15 to 25 percentage points higher than the proportion of 18 to 24 year olds who say they are satisfied. We look now at differences in satisfaction levels by age over the past 30 years, and what the causes of these might be.



Older groups tend to express more satisfaction with the NHS than younger groups

Figure 4.8 Percentage satisfied with the NHS overall, by age, 1983–2012



The data on which Figure 4.8 is based can be found in the appendix to this chapter



We see evidence of both a period effect and lifecycle effect

Some suggest that the difference in the views of younger and older people reflects younger people’s higher expectations of the NHS, which makes them harder to please than their older counterparts. This could be down to someone’s life stage (a so-called ‘lifecycle effect’), with satisfaction increasing naturally as people age. Conversely, differences in expectations or satisfaction levels with the NHS could be due to the generation in which people were born (a ‘generational effect’). If that is the case, older people may be more favourably disposed to the NHS because of their greater experience of life before it. There is also a further plausible reason why older people express higher levels of satisfaction than their younger counterparts: people make greater use of the NHS as they age, and we know that satisfaction is generally higher among those with recent experience of the NHS (Appleby, 2013).

Table 4.1 disentangles some of these potential effects by looking at changes in satisfaction by 10-year birth cohorts between 1983 and 2012 (see the Technical details chapter for detail on this type of analysis). The first row shows that, overall, satisfaction with the NHS increased by six percentage points between these two years. The subsequent rows show the views of the different cohorts. The table points to evidence of a period effect *and* of a lifecycle effect, with little evidence of there being a generational effect.

Table 4.1 Satisfaction with the NHS overall, by cohort, 1983 and 2012^[6]

			1983	2012	Difference 1983–2012	Unweighted base	
% satisfied						1983	2012
All			55	61	+6	1572	1006
Cohort	Age in 1983	Age in 2012					
1980s		23–32			52	139	
1970s		33–42			58	192	
1960s		43–52			64	179	
1950s	24–33	53–62	49	56	+7	317	175
1940s	34–43	63–72	51	63	+12	346	206
1930s	44–53	73–82	53	76	+23	281	113
1920s	54–63		48			269	
1910s	64–73		67			241	
1900s	74–83		72			112	

Data are only presented for those cohorts with an unweighted base of at least 100 in a given year

Looking firstly for period effects – or shifts in attitudes over time across the whole population – it is clear that, across all age cohorts, the proportion satisfied with the NHS in 1983 and in 2012 has increased, as seen in our column showing difference between 1983 and 2012. For example, among the cohort born in the 1950s, 49 per cent were satisfied with the NHS in 1983 (when they were aged between 24 and 33) and 56 per cent were satisfied 2012 (when they were aged 53 to 62), an increase of seven percentage points across this time period.

Evidence of a lifecycle effect comes from the fact that, both in 1983 and in 2012, as people get older, they express higher levels of satisfaction with the NHS than their younger counterparts. Both in 1983 and in 2012, there was a step-change in the proportion of people satisfied with the NHS as they got older. However, it appears that this change happened later in life in 2012 than it did in 1983. In 1983, 48 per cent of people aged 54 to 63 were satisfied with the NHS compared with 67 per cent of those aged 64 to 73 and 72 per cent of those aged 74 to 83 – so the step-change was between the first two of those age groups. The parallel figures in 2012 were 56 per cent, 63 per cent and 76 per cent, with the substantial rise in satisfaction happening as people move into the 73 to 82 group.

There is little evidence to suggest that differences in satisfaction levels are due to the generation to which people belong. That is, there is little evidence of a generational or cohort effect. This may be because now, 60 years since the start of the NHS, there are few people who fully remember Britain without it.

Attitudes to taxation and spending on the NHS

Public satisfaction with the NHS has fluctuated over time. Although, in 2012, it was at its third highest point since British Social Attitudes began in 1983, the last 30 years have seen substantial peaks and troughs in levels of satisfaction. It appears that satisfaction is to some extent linked to government spending and policies around health care – but these are by no means the only factors affecting public views. So, how has the public felt about government spending on health care over the same period? More specifically, we return to the two questions we raised at the start of the chapter:

- Over the past 30 years, has the British public continued to support the founding principle of the NHS as a health care system which is funded collectively on the basis of ability to pay through taxation, but accessible to all on the basis of need and regardless of income?
- How far has the British public supported government policies around spending on the NHS, and where has there been a divergence of views?

The answer to the first question appears to be yes. Historically, Britain has prided itself on its health care system. Support for the twin founding principles of inequity in financing and equity in provision has survived throughout the 30 year period. In virtually every year since 1983, we have asked:

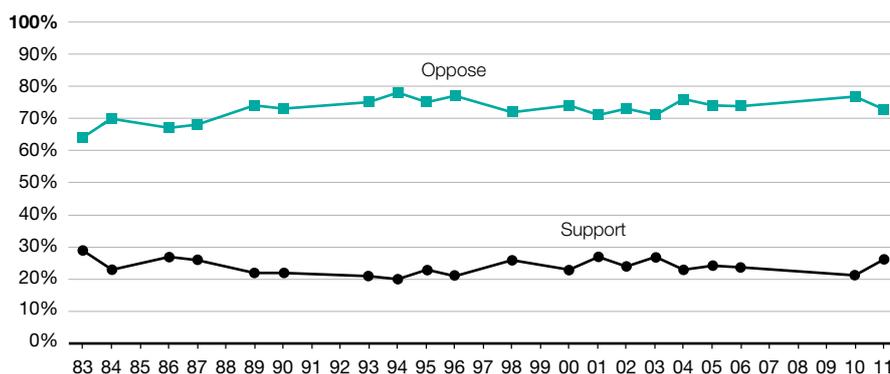
It has been suggested that the National Health Service should be available only to those with lower incomes. This would mean that contributions and taxes could be lower and most people would then take out medical insurance or pay for health care. Do you support or oppose this idea?



There has only ever been minority support for the idea of restricting the NHS to those on low incomes

Figure 4.9 shows that, consistently over the past 30 years, at least twice as many people have opposed this idea as supported it. (The question was not asked in 2012, so the most recent findings are from the 2011 survey.) Since 1989, the proportion opposing it each year has remained above 70 per cent. (As reported in Appleby and Lee (2012), the lowest level of opposition – and highest level of support – was recorded back in 1983 when then Prime Minister, Margaret Thatcher, was at her most popular.) There has only ever been minority support for the idea of an NHS restricted to those on low incomes: always less than 30 per cent.

Figure 4.9 Support for the NHS being made available only to those on lower incomes, 1983–2011[7]



The data on which Figure 4.9 is based can be found in the appendix to this chapter

The answer to the second question on public support for government spending on the NHS is a little more complex. As we have noted, total spending on the NHS across the UK has more than trebled in real terms over the last 30 years as successive governments – particularly the Labour governments in the first decade of the 21st century – took decisions to increase spending not only ahead of inflation but faster than general economic growth, increasing health spending as a proportion of GDP. Extra spending for health has been achieved in part by decreases in other government spending (such as defence) but also by increases in taxation (and borrowing). Do these decisions appear to concur with the public’s views about taxation and government spending over the last 30 years?

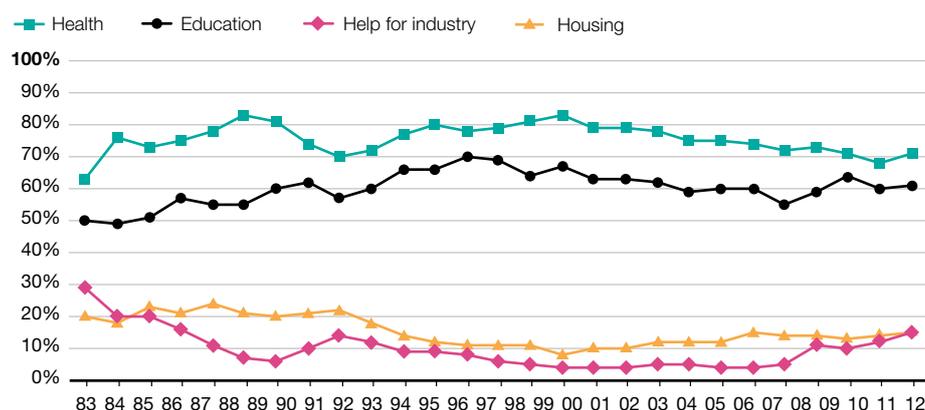
The British public places a high priority on government spending on health care, over all other areas of government spending. Each year, we ask respondents to choose, from a list of 10 areas, their first and second priority for extra government spending:

Here are some items of government spending. Which of them, if any, would be your highest priority for extra spending? And which next?

Education; defence; health; housing; public transport; roads; police and prisons; social security benefits; help for industry; overseas aid

Every year since 1983 the public has put health at the top of its priority list for extra government spending. Figure 4.10 shows the proportion of people who put health as their first or second priority, together with education and the public’s third and fourth priorities in 2012: housing and help for industry. Since 1985, at least 70 per cent of the public has prioritised the NHS (as either their first or second choice) for extra government spending. Along with education, support for extra spending on health far outstrips support for extra government funding in any other area.

Figure 4.10 First or second priorities for extra government spending, 1983–2012



The full data on which Figure 4.10 is based can be found in the appendix to this chapter

The public’s views may not be, however, totally impervious to the huge additional investment in the NHS since 2000. Although health remains the public’s top priority for extra spending, the last decade has seen a steady decline in support for additional spending on health care, from 83 per cent in 2001 to 71 in 2012, to the point that, in the last three years, support for extra spending on education, people’s second highest priority, is almost as high as support for extra spending on health. Nevertheless, health remains a popular spending priority for the public – support for the relative protection that the NHS has received (in England at least) in recent government spending decisions.

A second question which has also been asked in British Social Attitudes most years since 1983 can shed further light on this issue:

Suppose the government had to choose between the three options on this card. Which do you think it should choose?

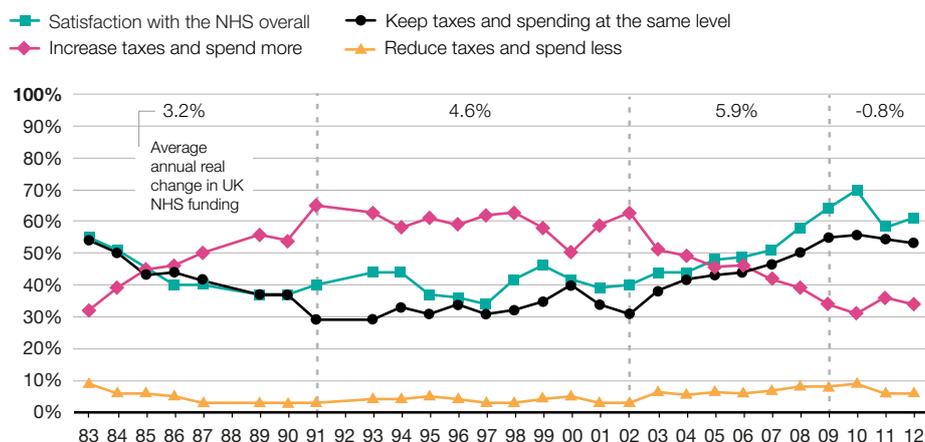
- Reduce taxes and spend less on health, education and social benefits*
- Keep taxes and spending on these services at the same level as now*
- Increase taxes and spend more on health, education and social benefits*

Figure 4.11 shows trends in responses to this question since 1983. Over the 30 year period, the general preference of the public has been either to increase taxes or to keep them at prevailing levels; a relatively small minority has opted for cutting tax and spending. However, there are perhaps three notably different periods over the last 30 years. From 1983 to 1991 there was a more or less continuous upward trend in the proportion of people agreeing that taxes and spending should rise. In fact, over this period the proportion of people supporting increased taxation and spending doubled from 32 per cent to 65 per cent. For the decade from 1992 to 2002 however – and apart from a significant fall in 2000 – the trend remained broadly flat at the relatively high level of around 60 per cent opting for higher taxation and spending. Since then, support for higher taxes and spending has slumped – from 63 per cent in 2002 to 34 per cent in 2012 – back to a level similar to that found in 1983.



Support for higher taxes and spending is back to 1983 levels

Figure 4.11 Attitudes to tax and spend and satisfaction with the NHS, 1983–2012



The data on which Figure 4.11 is based can be found in the appendix to this chapter



The public’s view on tax and spending does not always seem to be associated with what was happening with NHS funding

It seems that the public’s view on whether more state funding is needed is, to some degree, responsive to the level of NHS spending, in terms of average annual real NHS spending shown in Figure 4.11. In the period between 1983 and 1991, when there were relatively small increases in NHS funding, the public thought that there should be increased taxation and spending. Conversely, over the period of higher spending between 2002 and 2009, support for increased taxation and spending dropped, with increasing proportions of the public thinking that the government had it about right in terms of taxation and spending. That said, the public’s view does not always seem to be associated with what was happening to NHS funding: the period from 1991 to 2002 was also a relatively high spending period on average, but saw continued high levels of support for further taxation and spending. This may be because the public continued to perceive the need for improvements in the NHS (only met in the last decade, meaning that further increases in investment were not required). Alternatively, it may reflect the fact that the question covers not only health but also education and social benefits: to some extent these trends may reflect what was happening in terms of these policy areas over that period.

We reported earlier on the fact that there appeared to be some link, at least in broad trend terms, between public satisfaction with the NHS and actual NHS funding, and with key measures of NHS performance such as waiting list times. It seems plausible therefore that the public will adjust its views on the need for additional government spending on the basis of their level of satisfaction with the NHS at any given time. Figure 4.11 suggests that this is indeed the case. In periods of lower satisfaction, the public is more likely to think that the government should be raising taxes and spending more on health, education and social benefits. And when satisfaction is higher, the public is less likely to think that additional taxation and spending is required, presumably because it thinks that the NHS is doing well under current spending levels. For instance, in 1989, 37 per cent of the public was satisfied with the NHS and 56 per cent thought that taxes and spending should rise. In 2010, with 70 per cent of people satisfied with the NHS, the proportion wanting increased taxation and spending was only 31 per cent.[8]

Conclusions

We have used the 30th anniversary of British Social Attitudes as an opportunity to focus on changing attitudes over the last three decades in two key areas: satisfaction with the NHS and views about government priorities for taxation and spending. Here we give some thought to what these tell us about the way in which the public might react to the most recent set of funding and policy changes by the coalition government. Fluctuations in public satisfaction with the NHS over the last 30 years appear to be related at least in part to NHS performance, policy and spending. Satisfaction was highest in 2010 after a period of intensive injection of additional funds, and lowest in 1997 at the cusp of the Conservative and Labour governments. The last two years (under the coalition government) have seen a substantial drop in public satisfaction with the NHS, and there is no suggestion of a quick recovery. This may be because there are continuing concerns about the government's organisational reforms of the English NHS (Appleby, 2013). The Health and Social Care Act was passed in 2012 and local clinical commissioning groups only assumed responsibility in April 2013. It may take a few years to see what the impact of these reforms in practice has on public satisfaction. The change over the last three decades in the proportion of the population of pensionable age and its impact on health care is one of the stated driving forces for the NHS reforms (HM Government, 2011). It is therefore interesting to see that, while older people continue to rate the NHS more highly than their younger counterparts, this step-change happens later in 2012 than it did in 1983.

While the public remains firmly committed to the founding principle of the NHS as a redistributive free-at-source health care system, support for *increased* spending is currently lower than at other points in the last 30 years. We are now in the midst of a spending freeze that is likely to last beyond the end of the 2010 spending review period (2010/11 to 2014/15) and into the next parliament. Historically, support for increasing taxation and spending on health and other public services generally falls when spending is rising and rises when spending is falling. If the past is any guide we might expect support for higher taxation and spending to increase as spending remains flat in real terms for the NHS (with real cuts in many other areas of government spending). On the other hand, views about taxation and spending will be influenced by the public's attitudes towards the reasons for and origins of the current economic stagnation and debt situation, and their view about the government's policies in regard to these problems. Although the NHS remains the public's top priority for any *extra* government spending, the proportion supporting health as a priority has fallen over the last decade. Taxing more to spend more on health and other public services may not be seen as reflecting the right priorities given the nature of the economic problems the country faces.

As well as having a broad association with spending on the NHS, attitudes to taxation are associated (in fact, more strongly) with satisfaction with the NHS. We have seen that over the last three decades, when satisfaction decreases, people appear to feel there is more need to increase taxation and spend. However, the dramatic drop in satisfaction levels in the last two years has only been met by a small rise in the proportion supporting increased taxation and spending (by three percentage points), suggesting that spending more to improve satisfaction may no longer be viewed as the solution. This may reflect the particularities of the current general economic situation and a recent period which has seen large increases in NHS funding. On the other hand, it may suggest that the public does not see the level of funding as the key problem with the NHS – at least, not yet.



Public satisfaction with the NHS is related at least in part to NHS performance, policy and spending



The NHS remains the public's top priority for extra government spending, but the proportion supporting health as a priority has fallen

Notes

1. Gross Domestic Product (GDP) is the monetary value of all goods and services produced in a country in a given year.
2. Spending for 2012 based on spending plans for England, Wales, Scotland and Northern Ireland.
3. The question on satisfaction with A&E departments was not introduced until 1999.
4. Correlation between Labour and Liberal Democrats $r=0.92$; correlation between Conservative and Labour $r=0.49$.
5. The correlation is very high between the two age groups: $r=0.88$.
6. Weighted bases for Table 4.1 are as follows:

Satisfaction with the NHS overall, by cohort, 1983 and 2012

	1983	Weighted base 2012
All	1521	983
1980s	<i>n/a</i>	181
1970s	<i>n/a</i>	201
1960s	<i>n/a</i>	190
1950s	316	173
1940s	337	163
1930s	261	74
1920s	257	<i>n/a</i>
1910s	232	<i>n/a</i>
1900s	113	<i>n/a</i>

n/a = not asked

7. There have been some minor variations to this question over the years. 1983–1994 the answer options were “support” and “oppose”; 1995–2010 the answer options were “support a lot”, “support a little”, “oppose a lot”, “oppose a little”, with respondents being prompted to say “a little” or “a lot”; in 2011 the same four answer options were retained but also added to a showcard.
8. In statistical terms, there is a strong negative correlation between the level of satisfaction with the NHS and views on increasing taxation and spending (over the whole period from 1983 to 2012, $r=-0.85$). There is a similar, but positive, correlation with the opinions that taxes and spending should be kept the same (and with views on reducing taxes and spending).

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Appendix

Table A.1 Changes in population, the economy, health care, health and lifestyles, 1983 and 2012

		Unit	1983	2012	Change 1983 to 2012
Population	Population (GB) (ONS, 2012)	Million	54.8	61.4	+12%
	Pensionable age (GB) (ONS, 2011b)	Million	9.9	11.9	+20%
	Children under 16 (GB) (ONS, 2011b)	Million	11.6	11.5	-0.9%
Economy	GDP per capita ¹ (HMT, 2013; ONS, 2012)	£	14,236	24,573	+73%
	Unemployment (ONS, 2013a)	%	11.5	8.0	-30%
Health care	Total health spend (% GDP) (1983, OECD, 2013; 2012, authors' estimate)	%	5.9	9.4	+68%
	NHS spend ¹ (1983, OECD, 2013; 2012, authors' estimate)	£m	38,973	119,644	+206%
	NHS spend per capita ¹ (authors' calculations)	£	737	2,054	+179%
	Doctors (OECD, 2013)	per 1,000 pop	1.3	2.8 ²	+115%
	NHS beds (England) (DH, 1992, 2012)	per 1,000 pop	7.6	2.8	-62%
	Patients waiting >1 year for inpatient admission (England) (DH, 2010)	% all waiting	23.7 ³	0.0 ⁴	-100%
Life	Life expectancy at birth Females (ONS, 2011c)	years	89	94	+5%
	Life expectancy at birth Males (ONS, 2011c)	years	85	91	+6%
Death	Crude death rate (death rate estimated at mid-point in the year) (ONS, 2013b)	Per 1,000 pop	11.7	8.7 ²	-26%
	Infant mortality rate (ONS, 2013b)	Per 1,000 live births	10.2	4.3 ²	-58%
Lifestyle	Smoking Men (CRUK, 2013)	%	37.3 ⁵	21.0 ⁴	-44%
	Women (CRUK, 2013)	%	32.5 ⁵	20.0 ⁴	-38%

Notes:

All figures are for UK except where stated

1 2012 prices (based on GDP deflator)

2 2011

3 1988

4 2010

5 1982

The data for Figure 4.1 are shown below.

Table A.2 UK NHS spending (2012 prices)								
	83	84	85	86	87	88	89	90
	£	£	£	£	£	£	£	£
UK NHS 2012 prices	38973	39374	39773	41313	43512	44979	45997	47517
	91	92	93	94	95	96	97	98
	£	£	£	£	£	£	£	£
UK NHS 2012 prices	49902	54853	57065	59404	60699	62223	60536	63293
	99	00	01	02	03	04	05	06
	£	£	£	£	£	£	£	£
UK NHS 2012 prices	68063	71039	76147	81789	87120	93763	99097	104135
		07	08	09	10	11	12	
		£	£	£	£	£	£	£
UK NHS 2012 prices		107126	112990	122463	121436	119974	119614	

The data for Figure 4.2 are shown below.

Table A.3 Inpatient waiting times, 1988–2010 (March)						
		0–3 months	3–6 months	6–9 months	9–12 months	12+ months
1988	%	36.7	19.8	11.7	8.1	23.7
1989	%	36.2	19.5	11.9	8.2	24.2
1990	%	38.6	19.6	11.9	8.2	21.7
1991	%	39.9	21.1	12.7	8.4	17.9
1992	%	48.5	22.0	12.8	7.9	8.8
1992/3	%	48.6	24.0	13.8	7.8	5.7
1993/4	%	48.2	23.3	14.1	8.4	6.1
1994/5	%	52.8	24.1	13.3	6.8	3.1
1995/6	%	55.2	24.9	13.1	6.3	0.4
1996/7	%	49.7	25.3	14.5	7.8	2.7
1998	%	46.7	23.9	15.0	9.2	5.2
1999	%	50.6	23.3	13.7	8.0	4.4
2000	%	50.6	23.6	13.5	7.7	4.7
2001	%	51.7	23.8	13.1	7.2	4.2
2002	%	51.4	25.3	13.8	7.3	2.2
2003	%	54.6	26.0	13.9	5.5	0.0
2004	%	63.7	27.2	9.0	0.1	0.0
2005	%	68.0	26.9	5.0	0.0	0.0
2006	%	75.2	24.7	0.1	0.0	0.0
2007	%	83.5	16.4	0.1	0.0	0.0
2008	%	92.7	7.3	0.0	0.0	0.0
2009	%	93.0	7.0	0.0	0.0	0.0
2010	%	90.9	9.1	0.0	0.0	0.0

Source: Department of Health (2010)

The data for Figure 4.3 are shown below.

Table A.4 Satisfaction with the NHS overall, 1983–2012

	83	84	86	87	89	90	91	93	94
	%	%	%	%	%	%	%	%	%
Very/quite satisfied	55	51	40	40	37	37	40	44	44
Neither satisfied nor dissatisfied	20	19	19	20	18	15	19	18	17
Very/quite dissatisfied	26	30	40	40	46	47	41	38	38
<i>Weighted base</i>	1719	1645	3066	2766	2930	2698	2836	2945	3469
<i>Unweighted base</i>	1761	1675	3100	2847	3029	2797	2918	2945	3469

	95	96	97	98	99	00	01	02	03
	%	%	%	%	%	%	%	%	%
Very/quite satisfied	37	36	34	42	46	42	39	40	44
Neither satisfied nor dissatisfied	18	14	15	22	20	19	20	18	18
Very/quite dissatisfied	45	50	50	36	33	39	41	41	37
<i>Weighted base</i>	3633	3620	1355	3146	3143	3426	2179	2285	2284
<i>Unweighted base</i>	3633	3620	1355	3146	3143	3426	2188	2287	2293

	04	05	06	07	08	09	10	11	12
	%	%	%	%	%	%	%	%	%
Very/quite satisfied	44	48	49	51	58	64	70	58	61
Neither satisfied nor dissatisfied	20	20	16	19	16	16	12	18	16
Very/quite dissatisfied	37	31	34	30	25	19	18	24	23
<i>Weighted base</i>	3199	3210	2151	3082	3333	3421	3297	1113	1099
<i>Unweighted base</i>	3199	3193	2143	3078	3358	3421	3297	1096	1103

The data for Figure 4.4 are shown below.

Table A.5 Real annual changes in UK NHS spending, 1983–2012

	83	84	85	86	87	88	89	90	91	92
	%	%	%	%	%	%	%	%	%	%
Real annual change in UK NHS spending (lhs)	7.45	1.03	1.01	3.87	5.32	3.37	2.26	3.31	5.02	9.92

	93	94	95	96	97	98	99	00	01	02
	%	%	%	%	%	%	%	%	%	%
Real annual change in UK NHS spending (lhs)	4.03	4.10	2.18	2.51	-2.71	4.55	7.54	4.37	7.19	7.41

	03	04	05	06	07	08	09	10	11	12
	%	%	%	%	%	%	%	%	%	%
Real annual change in UK NHS spending (lhs)	6.52	7.62	5.69	5.08	2.87	5.47	8.38	-0.84	-1.20	-0.30

Data on satisfaction with the NHS overall can be found in Table A.4

The data for Figures 4.5 and 4.6 are shown below.

Table A.6 Satisfaction with NHS inpatients, A&E and outpatients, 1983–2012

	83	86	87	89	90	91	93	94	95
Inpatients									
% very/quite satisfied	74	67	67	65	63	64	64	57	53
Accident and emergency service									
% very/quite satisfied	n/a								
Outpatients									
% very/quite satisfied	61	55	54	52	51	52	57	56	55
<i>Weighted base</i>	1719	3066	2766	2930	2698	2836	2945	3469	3633
<i>Unweighted base</i>	1761	3100	2847	3029	2797	2918	2945	3469	3633
	96	98	99	00	01	02	03	04	05
Inpatients									
% very/quite satisfied	53	54	58	59	51	51	53	48	50
Accident and emergency service									
% very/quite satisfied	n/a	n/a	52	52	43	43	45	46	51
Outpatients									
% very/quite satisfied	52	52	56	58	50	52	54	54	61
<i>Weighted base</i>	3620	3146	3143	3426	2179	2285	2284	3199	3210
<i>Unweighted base</i>	3620	3146	3143	3426	2188	2287	2293	3199	3193
			06	07	08	09	10	11	12
Inpatients									
% very/quite satisfied			46	49	51	59	59	55	52
Accident and emergency service									
% very/quite satisfied			46	51	53	59	61	54	59
Outpatients									
% very/quite satisfied			57	60	61	67	68	61	64
<i>Weighted base</i>			2151	3082	3333	3421	3297	1113	1099
<i>Unweighted base</i>			2143	3078	3358	3421	3297	1096	1103

n/a = not asked

Table A.7 Satisfaction with NHS GPs and dentists, 1983–2012

	83	86	87	89	90	91	93	94	95
GPs									
% very/quite satisfied	80	77	79	80	80	83	83	80	79
Dentists									
% very/quite satisfied	73	74	74	70	69	68	58	57	55
<i>Weighted base</i>	1719	3066	2766	2930	2698	2836	2945	3469	3633
<i>Unweighted base</i>	1761	3100	2847	3029	2797	2918	2945	3469	3633
	96	98	99	00	01	02	03	04	05
GPs									
% very/quite satisfied	77	75	76	76	71	72	72	72	74
Dentists									
% very/quite satisfied	52	53	53	62	53	54	52	42	45
<i>Weighted base</i>	3620	3146	3143	3426	2179	2285	2284	3199	3210
<i>Unweighted base</i>	3620	3146	3143	3426	2188	2287	2293	3199	3193
	06	07	08	09	10	11	12		
GPs									
% very/quite satisfied			76	76	77	80	77	73	74
Dentists									
% very/quite satisfied			42	42	42	48	51	56	56
<i>Weighted base</i>			2151	3082	3333	3421	3297	1113	1099
<i>Unweighted base</i>			2143	3078	3358	3421	3297	1096	1103

The data for Figure 4.7 are shown below.

Table A.8 Satisfaction with the NHS overall, by party identification, 1983–2012

	83	84	86	87	89	90	91	93	94	95
Conservative										
% very/quite satisfied	57	55	46	48	44	47	53	55	56	52
Labour										
% very/quite satisfied	56	46	37	35	29	28	31	37	37	30
Liberal Democrat										
% very/quite satisfied	44	51	33	31	30	30	31	33	40	32
<i>Weighted base</i>	1719	1645	3066	2766	2930	2698	2836	2945	3469	3633
<i>Unweighted base</i>	1761	1675	3100	2847	3029	2797	2918	2945	3469	3633
	96	97	98	99	00	01	02	03	04	05
Conservative										
% very/quite satisfied	49	45	46	46	44	40	37	38	43	41
Labour										
% very/quite satisfied	28	28	39	50	44	41	43	50	52	55
Liberal Democrat										
% very/quite satisfied	33	34	35	39	37	35	40	45	42	47
<i>Weighted base</i>	3620	1355	3146	3143	3426	2179	2285	2284	3199	3210
<i>Unweighted base</i>	3620	1355	3146	3143	3426	2188	2287	2293	3199	3193
				06	07	08	09	10	11	12
Conservative										
% very/quite satisfied				48	46	57	61	70	64	64
Labour										
% very/quite satisfied				54	57	64	73	74	56	64
Liberal Democrat										
% very/quite satisfied				47	55	59	66	74	67	63
<i>Weighted base</i>				2151	3082	3333	3421	3297	1113	1099
<i>Unweighted base</i>				2143	3078	3358	3421	3297	1096	1103

The data for Figure 4.8 are shown below.

Table A.9 Satisfaction with the NHS overall, by respondents aged 18–24 years and 75 years and over, 1983–2012

	18–24 years			75+ years		
	% Very/quite satisfied	Weighted base	Unweighted base	% Very/quite satisfied	Weighted base	Unweighted base
1983	56	222	211	73	107	106
1984	51	214	217	64	103	111
1986	39	454	436	66	194	197
1987	39	371	347	57	152	163
1989	27	370	372	53	206	213
1990	28	345	336	54	198	207
1991	33	382	318	59	208	261
1993	35	343	267	68	200	284
1994	35	387	289	64	246	332
1995	32	406	301	57	274	355
1996	34	395	285	59	279	388
1997	36	155	118	59	115	147
1998	33	322	241	65	254	350
1999	38	307	240	67	259	354
2000	36	367	277	63	264	359
2001	39	186	138	57	195	242
2002	36	264	184	58	184	254
2003	45	252	188	66	186	244
2004	36	350	243	60	257	346
2005	44	362	244	64	296	362
2006	43	243	173	69	204	237
2007	43	375	220	70	281	375
2008	55	384	228	73	289	377
2009	65	410	232	76	274	348
2010	68	396	229	81	259	360
2011	49	139	74	70	98	133
2012	63	117	69	75	83	138

The data for 'all' can be found in Table A.4

The data on which Figure 4.9 is based are shown below.

Table A.10 Support for the NHS being made available only to those on lower incomes, 1983–2011

	83	86	89	90	93	94	95	96	98
NHS only available to those on lower incomes	%	%	%	%	%	%	%	%	%
Support	29	27	22	22	21	20	23	21	26
Oppose	64	67	74	73	75	78	75	77	72
<i>Weighted base</i>	1719	3066	2930	2698	2945	3469	3633	3620	3146
<i>Unweighted base</i>	1761	3100	3029	2797	2945	3469	3633	3620	3146

	00	01	02	03	04	05	06	10	11
NHS only available to those on lower incomes	%	%	%	%	%	%	%	%	%
Support	23	27	24	27	23	24	24	21	26
Oppose	74	71	73	72	76	74	74	77	73
<i>Weighted base</i>	3426	2179	2285	2284	3199	3210	2151	3297	1113
<i>Unweighted base</i>	3426	2188	2287	2293	3199	3193	2143	3297	1096

The full data on which Figure 4.10 is based are shown below.

Table A.11 First or second priorities for extra government spending, 1983–2012

	83	84	85	86	87	89	90	91	93
Priorities for extra spending	%	%	%	%	%	%	%	%	%
Health	63	76	73	75	78	83	81	74	70
Education	50	49	51	57	55	55	63	62	57
Housing	20	18	23	21	24	21	20	21	22
Help for industry	29	20	20	16	11	7	6	10	14
Police and prisons	8	6	5	8	8	7	7	6	11
Defence	8	6	5	4	4	3	2	4	3
Public transport	3	2	3	2	1	3	6	5	4
Roads	5	4	4	3	3	5	4	5	4
Social security benefits	12	15	12	11	12	14	13	11	13
Overseas aid	1	1	2	1	1	1	1	1	2
(None of these)	1	1	1	1	1	*	*	1	1
<i>Weighted base</i>	1719	1645	1769	3066	2766	2930	2698	2836	2945
<i>Unweighted base</i>	1761	1675	1804	3100	2847	3029	2797	2918	2945
	94	95	96	97	99	00	01	02	03
Priorities for extra spending	%	%	%	%	%	%	%	%	%
Health	72	77	80	78	79	81	83	79	79
Education	60	66	66	70	69	64	67	63	63
Housing	18	14	12	11	11	11	8	10	10
Help for industry	12	9	9	8	6	5	4	4	4
Police and prisons	13	10	11	10	8	10	11	14	12
Defence	4	2	2	3	2	3	3	3	3
Public transport	3	7	6	6	10	10	11	13	13
Roads	4	3	3	3	7	6	5	6	6
Social security benefits	11	11	8	9	7	7	6	5	6
Overseas aid	1	*	1	1	1	1	1	2	1
(None of these)	1	1	*	1	1	1	1	1	1
<i>Weighted base</i>	1187	1199	3620	1355	3143	2302	3287	3435	4432
<i>Unweighted base</i>	1167	1234	3620	1355	3143	2292	3287	3435	4432
	04	05	06	07	08	09	10	11	12
Priorities for extra spending	%	%	%	%	%	%	%	%	%
Health	78	75	75	74	72	73	71	68	71
Education	62	59	61	60	55	59	64	61	61
Housing	12	12	12	15	14	14	13	14	15
Help for industry	5	5	4	4	5	11	10	12	15
Police and prisons	13	14	17	15	19	12	11	15	10
Defence	5	6	6	7	8	9	8	10	8
Public transport	11	12	11	11	11	8	7	6	7
Roads	6	7	5	6	7	6	7	6	5
Social security benefits	5	5	5	5	5	4	5	4	5
Overseas aid	2	3	3	2	2	2	2	1	1
(None of these)	1	1	1	1	1	1	1	1	1
<i>Weighted base</i>	3199	2167	3228	3082	2184	3421	3297	3311	3248
<i>Unweighted base</i>	3199	2166	3240	3094	2229	3421	3297	3311	3248

Percentages sum the responses to two questions, so will add to more than 100 per cent

The data on which Figure 4.11 is based are shown below.

Table A.12 Attitudes to tax and social spending 1983–2012

	83	84	85	86	87	89	90	91	93	94
Government should ...	%	%	%	%	%	%	%	%	%	%
... reduce taxes and spend less	9	6	6	5	3	3	3	3	4	4
... keep taxes and spending at the same level	54	50	43	44	42	37	37	29	29	33
... increase taxes and spend more	32	39	45	46	50	56	54	65	63	58
<i>Weighted base</i>	1719	1645	1769	3066	2766	2930	2698	2836	2945	3469
<i>Unweighted base</i>	1761	1675	1804	3100	2847	3029	2797	2918	2945	3469
	95	96	97	98	99	00	01	02	03	04
Government should ...	%	%	%	%	%	%	%	%	%	%
... reduce taxes and spend less	5	4	3	3	4	5	3	3	6	6
... keep taxes and spending at the same level	31	34	31	32	35	40	34	31	38	42
... increase taxes and spend more	61	59	62	63	58	50	59	63	51	49
<i>Weighted base</i>	3633	3620	1355	3146	3143	2302	3287	3435	3276	2130
<i>Unweighted base</i>	3633	3620	1355	3146	3143	2292	3287	3435	3272	2146
	05	06	07	08	09	10	11	12		
Government should ...	%	%	%	%	%	%	%	%		
... reduce taxes and spend less		7	6	7	8	8	9	6	6	
... keep taxes and spending at the same level		43	44	47	50	55	56	54	53	
... increase taxes and spend more		46	46	42	39	34	31	36	34	
<i>Weighted base</i>		2167	3228	3082	2184	1134	3297	3311	3248	
<i>Unweighted base</i>		2166	3240	3094	2229	1139	3297	3311	3248	

Data on satisfaction with the NHS overall can be found in Table A.4

At **NatCen Social Research** we believe that social research has the power to make life better. By really understanding the complexity of people's lives and what they think about the issues that affect them, we give the public a powerful and influential role in shaping decisions and services that can make a difference to everyone. And as an independent, not for profit organisation we're able to focus our time and energy on meeting our clients' needs and delivering social research that works for society.

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