

DATA ANALYSIS

Populus undertook its research in two phases. First we conducted a series of focus groups among residents in Egham, Solihull and Altrincham. The groups were divided into six: two groups of those who had received treatment as patients over the previous six months paid for by the NHS – treatment being defined as day surgery or surgery requiring an overnight stay; two groups of those who had received treatment as patients over the previous six months paid for by personal or corporate private medical insurance; and one group each of close relatives of people had been treated as private or NHS patients.

We then used the insights and conclusions from these focus groups to compose a series of tracking questions that were put to a nationally representative sample of 2,000 British adults every month from March to August 2005. What appears here is a more detailed breakdown of those figures.

Patient-defined success measures for the NHS

The focus groups of patients and patients' relatives yielded a number of findings about what people regarded as the most important elements of being a patient, how those elements might be measured and the extent to which both patients and the public at large were prepared to believe the evidence that was presented to them. Chief among these conclusions were:

- that patients were more likely to believe their own experience and those of people they knew who had been through the process of requiring treatment;
- that the best way to measure that experience was by asking patients directly what they thought – few paid attention to or placed much store by league tables; and
- that people were more likely to believe such data if it was published by independent third parties than if it seemed to come from the Government either directly or indirectly.

Groups were presented with a list of potential success measures and asked to add and subtract from the list and to refine in light of their own and their relatives' experience of treatment. These were then boiled down to eight

factors directly relating to patients' experience which were felt to have the greatest influence over their treatment:

WAITING TIMES – the time taken between diagnosis and treatment;
INNOVATION – being treated using the latest medicines and technology;
CONVENIENCE – being treated at a time and place to suit the patient;
CHOICE – being treated by a doctor of the patient's choice;
INDIVIDUAL CARE – being treated as an individual rather than as one of many in a long queue;
INVOLVEMENT – feeling informed and involved at all stages of a patient's treatment;
NURSING CARE – the quality of the nursing staff;
CLEANLINESS – the cleanliness of a patient's surroundings.

Over the course of six months we asked more than 12,000 adults representative of the total population (including over 1700 patients) to assess both the importance of each of these factors and the extent to which they thought NHS was doing a good job at delivering them.

In addition we identified four attitudinal questions towards the NHS which had arisen during the group discussions:

- Whether the NHS was improving;
- The extent to which the quality of NHS services varied widely between hospitals across the country;
- Whether the NHS delivered a good service overall; and
- Whether the service offered by the NHS was comparable to that in most other European countries.

These questions were put to respondents alongside the success measures.

Definition of patient

To gain a patients' perspective of treatment priorities and the success of the NHS in meeting these, each month the nationally representative sample of the British population was further broken down to include those who had undergone day surgery requiring a stay in bed for treatment or inpatient care requiring an overnight stay in hospital. Over the course of six months, these patients were distributed among the general population as follows.

| | All | Male | Female | 18-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ | AB | C1 | C2 | DE | South East | Mids | North | Wales & SW | Scot land |
|-----------------|-------|------|--------|-------|-------|-------|-------|-------|------|------|------|------|------|------------|------|-------|------------|-----------|
| Unweighted base | 12101 | 5527 | 6574 | 1165 | 1998 | 2506 | 2134 | 1939 | 2359 | 3522 | 2741 | 2197 | 3641 | 3226 | 3154 | 2987 | 1674 | 1060 |
| Weighted base | 12101 | 5808 | 6293 | 1331 | 2057 | 2420 | 2057 | 1815 | 2421 | 3025 | 3509 | 2541 | 3026 | 3224 | 3154 | 2974 | 1686 | 1064 |
| Patients | 1740 | 804 | 936 | 170 | 282 | 271 | 273 | 266 | 479 | 371 | 439 | 369 | 562 | 455 | 447 | 434 | 255 | 150 |
| | 14% | 14% | 15% | 13% | 14% | 11% | 13% | 15% | 20% | 12% | 13% | 15% | 19% | 14% | 14% | 15% | 15% | 14% |

Importance of success measures to good quality healthcare

| Q: I am going to read a list of factors associated with good quality healthcare. For each one, can you tell me how important they are to you personally? (6 month average) | | | | |
|--|---|-----|-------|----------|
| <i>n=12,101; patient n=1,740</i> | | | | |
| | % saying 'very' or 'somewhat' important | | | |
| | All | Men | Women | Patients |
| Cleanliness | 98% | 98% | 99% | 99% |
| Nursing care | 98% | 97% | 99% | 98% |
| Waiting times | 96% | 94% | 97% | 97% |
| Involvement | 95% | 93% | 96% | 96% |
| Innovation | 94% | 93% | 95% | 96% |
| Individual care | 92% | 88% | 96% | 92% |
| Convenience | 85% | 82% | 88% | 86% |
| Choice | 65% | 58% | 71% | 67% |

Unsurprisingly perhaps, given that they were the product of qualitative research, all the factors offered to people are considered important by an overwhelming majority. Cleanliness and quality of nursing care head the list, followed closely by waiting times, feeling involved in treatment, and having

access to the latest medicines and procedures. Being treated as an individual comes close behind these three. Behind that comes being treated at a time and a place to suit the patient and some way further back comes choice of doctor.

There is little variation in the importance that people place on these factors across the six months of the survey and little difference between patients and the general population either in the order of their priorities or their significance.

There are however subtle differences between men and women. More women think being treated as an individual is important than men (by 96% to 88%) and more value convenience (by 88% to 82%). However the biggest gap is over choice of doctor, which 71% of women say is important but where only 58% of men feel the same.

NHS performance on success measures

Q: I am going to read a list of factors associated with good quality healthcare. For each one, can you tell me how well do you think the NHS is currently performing? (6 month average)

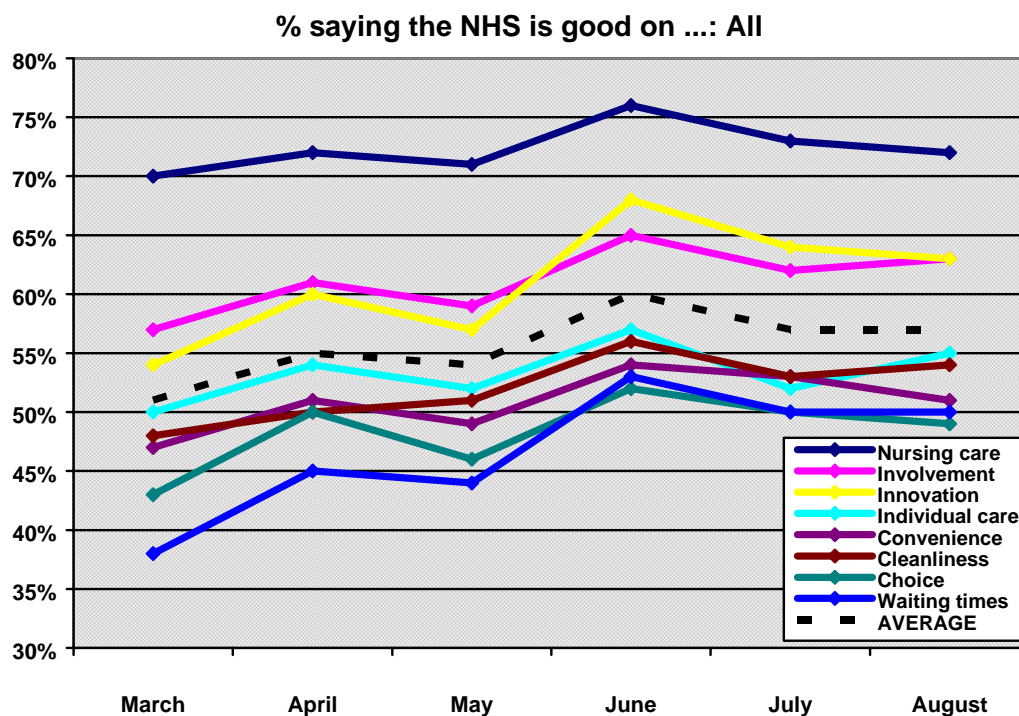
n=12,101; patient n=1,740

| | % saying 'very good' or 'good' | | | |
|-----------------|--------------------------------|-----|-------|----------|
| | All | Men | Women | Patients |
| Nursing care | 73% | 76% | 71% | 82% |
| Involvement | 62% | 62% | 61% | 74% |
| Innovation | 62% | 64% | 60% | 73% |
| Individual care | 54% | 55% | 54% | 66% |
| Cleanliness | 53% | 56% | 49% | 67% |
| Convenience | 51% | 51% | 51% | 64% |
| Choice | 49% | 49% | 48% | 62% |
| Waiting times | 47% | 49% | 46% | 58% |

Overall, patients are consistently much more favourable than the population as a whole about the performance of the NHS in individual priority areas and men are marginally more favourable than women.

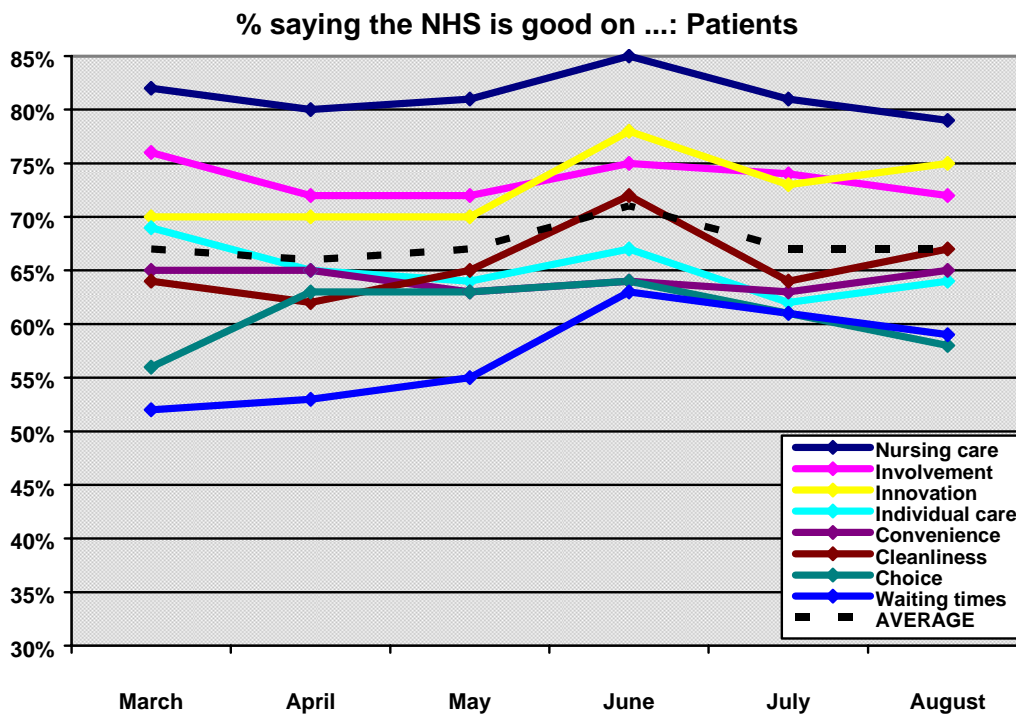
The NHS scores best on the quality of nursing care it provides. Nearly three-quarters of people (73%) rate this as good or very good ranging from 71% of women to 82% of patients. When it comes to involving patients in their treatment and using the latest medicines and procedures, more than three-fifths (62%) think the NHS is good in this regard, a figure that climbs to close to three-quarters among patients. Slim majorities of the public also believe the NHS is good at treating people as individuals, providing treatment for patients at a time and place to suit them and offering clean surroundings – these figures rise to around two-thirds among patients. However when it comes to cleanliness, women (49%) are less likely than men (56%) to say the NHS is doing a good job. Slightly fewer than half of people think the NHS does a good job in offering a choice of doctor or on waiting times, though more than three fifths of patients believe this to be true.

NHS performance over time



On every success measure the proportion of the general population believing the NHS to be good or very good is higher at the end of our tracking than at the beginning – though June marked the high point for all measures. In some cases the improvement is modest and within the margin of error, for instance the quality of nursing care was rated as good by 70% of people in March and 72% of people in August. However in other areas the headway is significant. Only 38% of people said the NHS performed well on waiting lists in March, by August that figure had reached 50%. Similarly 54% said the NHS was good at treating people using the latest technology at the start of the survey, by the end of the end that figure had climbed to 63%. On cleanliness, the figures improved from 48% to 54% over the period studied and the running average across all the success measures improved from 51% in March to 57% in August.

This improvement is more marked among men than women, though both have higher proportions rating the NHS as good across the success measures at the end of the tracking exercise than at the beginning. On average 59% of men rated the Health Service good in August up from 51% in March, for women the comparable increase was from 50% to 55%.

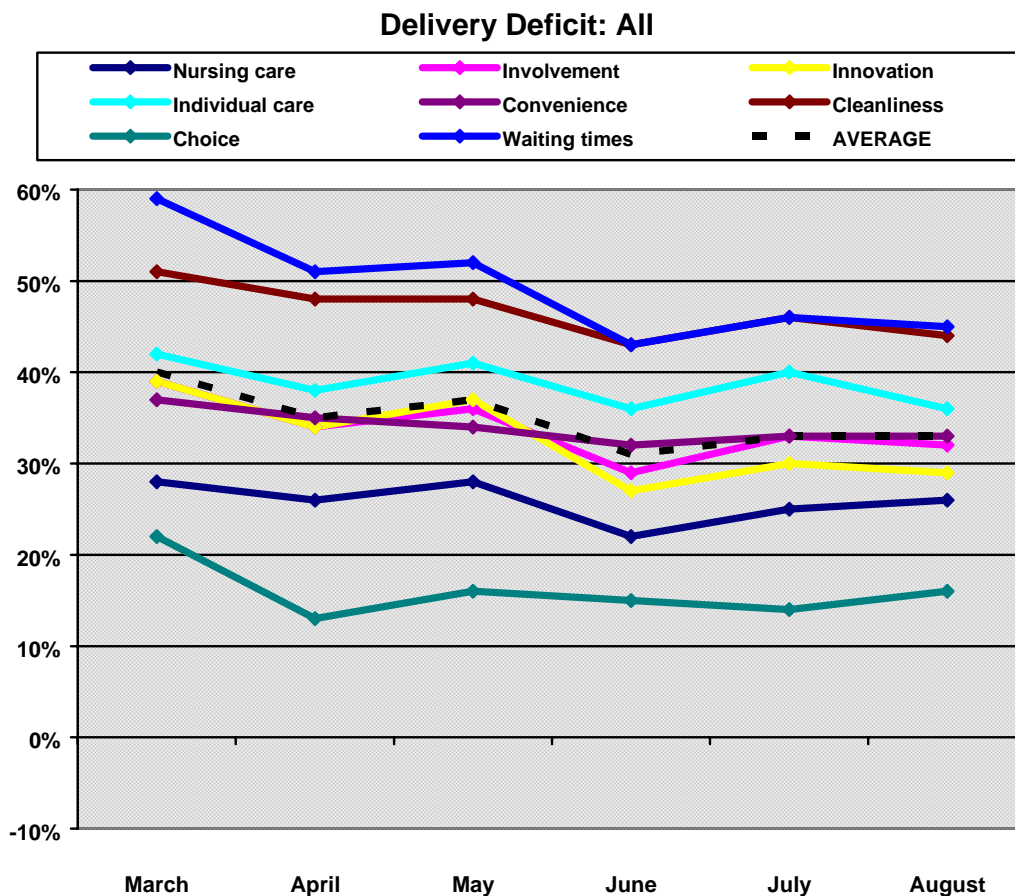


Among patients, whose rating of the NHS in these areas starts from a higher base, the picture is more static – though June again was a good month for

the Health Service as far as these measures are concerned. But even here the proportion saying the NHS is good when it comes to waiting times climbed from 52% in March to 59% by August. The average for all success measures started and ended the survey at 67%.

The 'Delivery Deficit'

Taking the proportion of people who find each success measure important and subtracting the number who believe the NHS performs well on each measure gives some indication of the gap between what people want from the Health Service as a patient and what they are getting to an acceptable standard. We have called this measure the 'delivery deficit'.

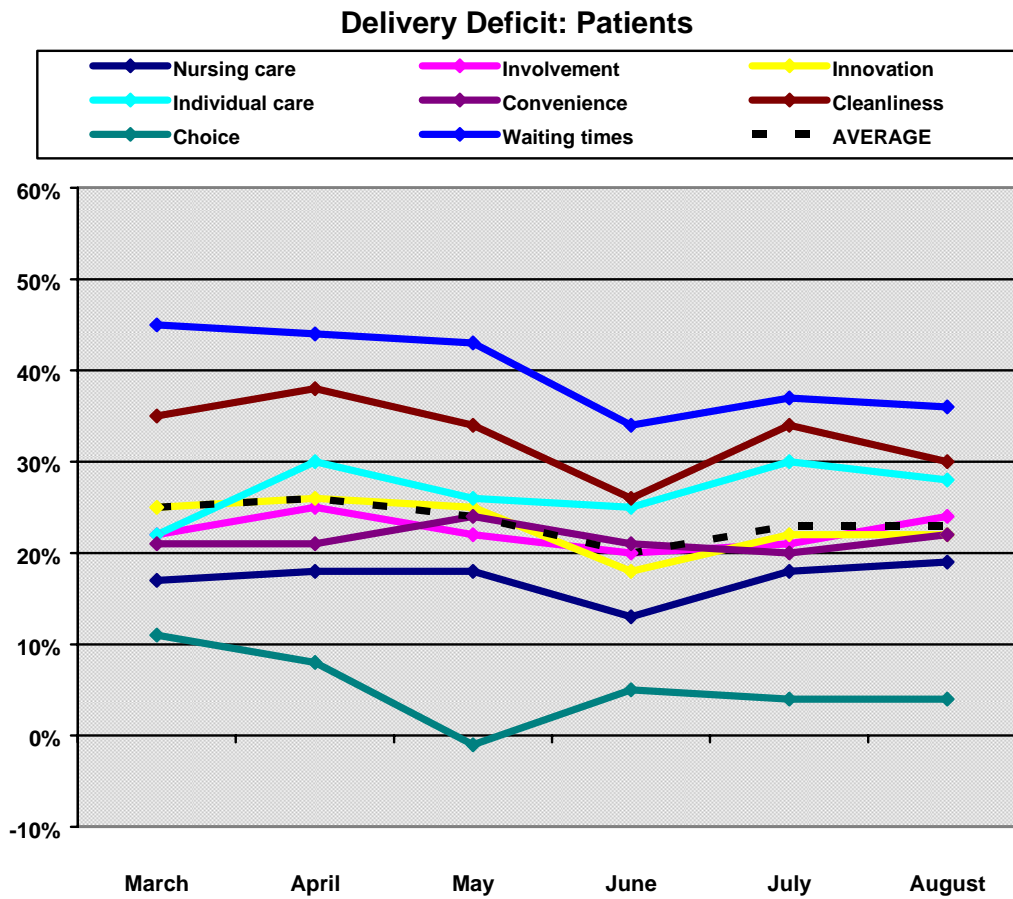


Overall, among the general population the Delivery Deficit fell from 40% in March to 33% in August and shrank on each individual measure. The percentage difference between the numbers saying that waiting times are important and the numbers saying that the NHS is good in this regard

decreased from 59% in March to 45% over the six months. This same difference fell 10% (from 39% to 29%) on the issue of innovation, by 7% (from 39% to 32%) on involvement, by 7% (from 51% to 44%) on cleanliness, by 6% (from 42% to 36%) on individual care, and by a further 6% (from 22% to 16%) on choice.

Among men, the delivery deficit on waiting times fell by 17% from 57% in March to 40% in August. For women it fell by 13% from 61% to 48% over the same period. On cleanliness, the delivery deficit among men decreased from 49% to 40% (a reduction of 9%) whereas the improvement among women was more modest, decreasing from a deficit of 51% to 48%. The same is true of innovation, where the deficit narrowed among men from 37% to 23%, but among women from 41% to 33%.

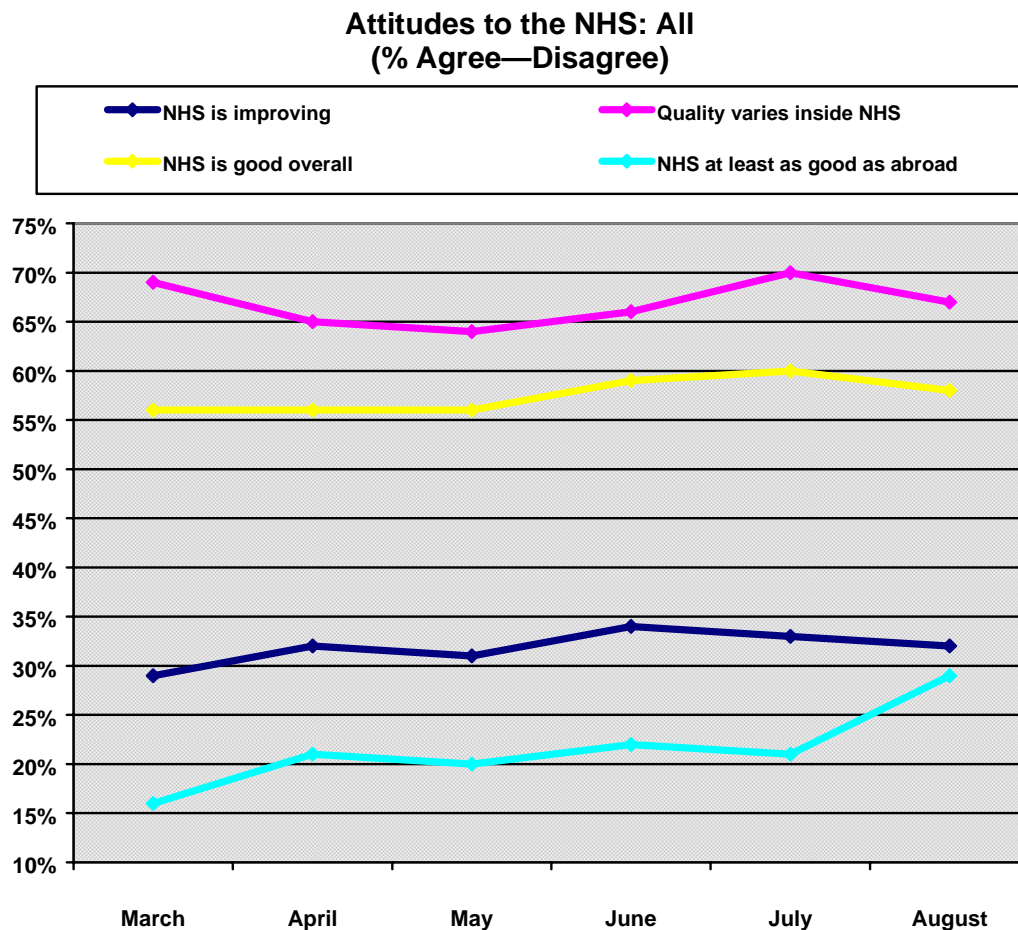
Choice is more important to women than men but also experienced a lower deficit drop among women than men over the period by 2% (instead of 9%).



Among patients, the gap across all success measures between those saying that they are important and those saying the NHS is good at delivering them remained fairly constant over the six months of the survey. The average delivery deficit was 25% in March and 22% in August.

Within this overall total there were however noticeable improvements in waiting times whose delivery deficit dropped from 45% to 36% and cleanliness where the gap between performance and delivery closed by 5% (from 35% to 30% over the period). The biggest improvement however was in choice where the deficit closed from 11% to 4% and during one month, May, had a higher proportion of people saying that the NHS is good at delivering choice of doctor than who said that a choice of doctor was actually important to them. Only on being treated as an individual rather than as one in a long queue of people did the gap between importance to patients and the performance of the NHS grow significantly over the course of the study (from 22% to 28%).

Attitudes towards the NHS



As well as assessing the importance of different success measures and the NHS's performance in each of these areas, respondents were also asked to agree or disagree with the following propositions, that:

- NHS services are improving
- The quality of service offered by the NHS varies widely between hospitals across the country
- The NHS delivers a good service overall
- The service offered by the NHS is as good or better than in most other European countries

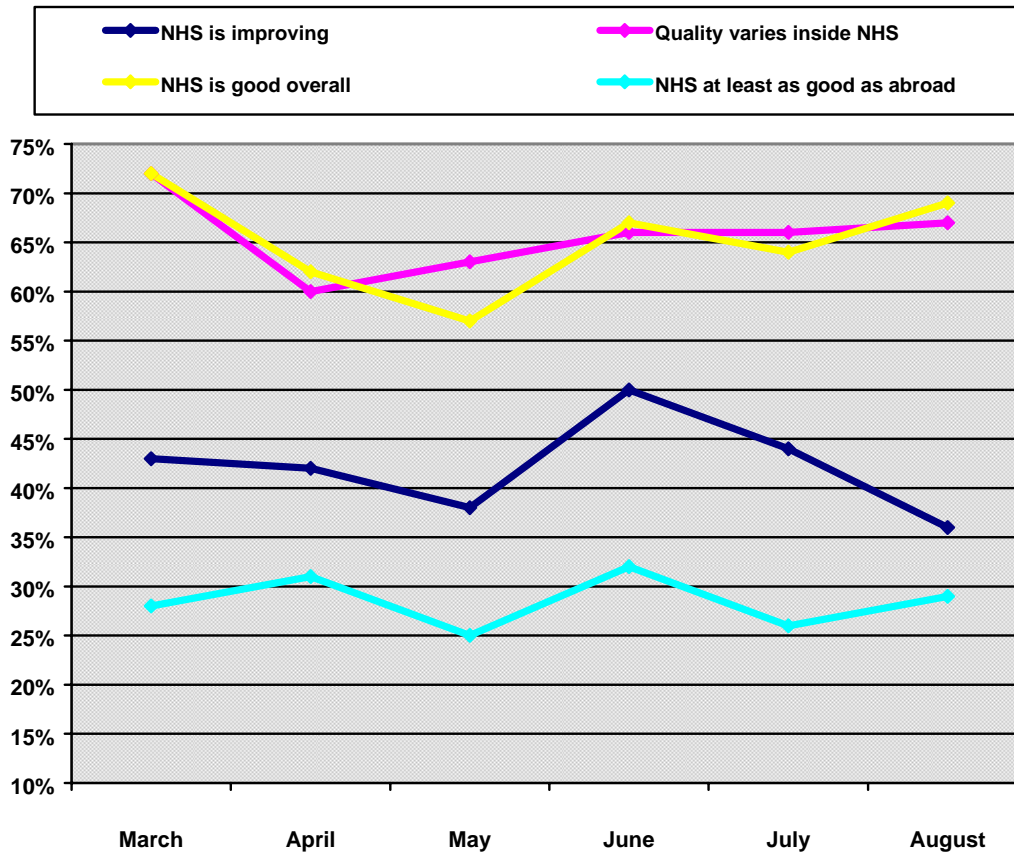
Overall among the general population a steady three-quarters agreed that the NHS delivers a good service overall, with around one-fifth disagreeing. There was little difference between men and women in this regard.

By a clear and consistent two-to-one majority the public also expressed the view that NHS services are improving, with around 60% agreeing with this proposition and 30% disagreeing across the months of the survey. Here women were slightly more sceptical than men. On average 27% more women agreed than disagreed with this proposition over the course of six months compared with 37% more men.

When it came to assessing the quality of NHS services relative to those offered in other European countries, the majority thinking the Health Service at least holds its own increased over time from 16% (46% agreeing, 30% disagreeing in March) to 29% (53% agreeing, 24% disagreeing in August). Though more sceptical about the NHS in other quarters, women led the way here. Whereas 17% more women agreed with the proposition than disagreed with it in March, 32% more women did the same by August.

However the largest majority in agreement with any proposition is for the one which reflects least well on the Health Service: that the quality of NHS care varies widely between hospitals across the country. Between three-quarters and four fifths of the public as a whole agreed with this statement with the number disagreeing at around 10%. These proportions varied little over the course of the study. Here women are even more adamant than men. On average over the six months 70% more women agreed than disagreed with the proposition compared with 64% more men.

Attitudes to the NHS: Patients (% Agree—Disagree)



Again, patients are generally more positive about the NHS than the population as a whole exhibiting larger majorities in favour of the propositions that the NHS is improving, that it provides a good service overall and that it is at least as good as health services abroad.

Around two-thirds agreed that the NHS is improving compared with three-fifths of the wider public, with a quarter disagreeing over the course of six months. Four fifths agreed that NHS services are good overall compared with three-quarters of the general population, and slightly over half said that the Health Service in Britain is at last as good as elsewhere.

However on the issue of varying quality inside the NHS, patients mirror the opinions of the broader public. Again around 80% agreed with this proposition while approximately 10% disagreed with it across the six months of the survey.

Conclusion

The data suggests that the general population's perceptions of the National Health Service are improving to the point where they now more closely reflect the views of those people who have recently had cause to use NHS services.

During the six months that the study tracked popular opinion, the proportion of people saying the NHS is good at delivering those factors they regard as important increased even in contentious areas such as waiting times and cleanliness of surroundings. Also the gap between people's expectation and their perceptions of how well the NHS was delivering narrowed across the range of these success measures.

The results of the study would seem to show that single biggest remaining problem for the Health Service is a lack of consistency in the quality of the services it delivers around the country. This variability is not merely a public impression; it is backed up by those who have had cause to use the NHS recently.

The one remaining question is whether the public believed that the improvements it has registered are sustainable in the longer term. So at the end of the study we asked a representative sample of 1000 British adults the following questions.

| Q: Thinking about the performance of the NHS since Labour came to power in 1997, which of the following statements comes closest to your view? | | | |
|---|----------------|-----|-------|
| | <i>n=1,007</i> | | |
| | All | Men | Women |
| The NHS hasn't really improved at all | 23% | 22% | 24% |
| The NHS has improved to the point where it is as good as anyone can reasonably expect it to be | 14% | 15% | 13% |
| The NHS has improved but it needs to improve even more if it is to be the kind of Health Service people have the right to expect it to be | 60% | 60% | 61% |

Q: Thinking about the performance of the NHS since Labour came to power in 1997, which of the following statements comes closest to your view?

n=1,007

| | All | Men | Women |
|--|-----|-----|-------|
| The recent improvements in the Health Service can only be sustained if the Government keeps up with large increases in health spending year after year | 35% | 31% | 38% |
| The extra money for the NHS put in recently has made up for years of neglect but any improvements in the Health Service can now be sustained without large increases in NHS spending year after year | 29% | 32% | 27% |
| The Health Service hasn't really improved despite the extra money that's gone in and more spending on health year after year would simply be a waste | 30% | 31% | 29% |

Just under a quarter believed the NHS hadn't improved at all since 1997 and a further 14% said it had improved to the point where it was as good as anyone could reasonably expect. This leaves three out of five people, who thought that while progress had been made the public had a right to expect the Health Service to improve still further.

And though three out of ten people thought that Labour's extra spending on health to date had been wasted and would be a waste if continued, nearly two-thirds expected improvements to be sustained. These people divided between 29% who thought they could now be maintained without large year on year spending increases and 35% who thought they could not. In this regard, women (38%) were more convinced than men (31%) that further large funding increases would be necessary.

This suggests that even as popular perceptions of the NHS begin to match patient experience, the expectations of a large majority of the population continue to grow.