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Public satisfaction with the NHS and social care in 2024

Results from the
British Social Attitudes survey

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Foreword

The British Social Attitudes survey offers a unique look at how the British public are feeling about their health service. Carried out every year since 1983 by the National Centre for Social Research, it provides a barometer for understanding not only how people feel the NHS runs nowadays, but also what is driving their satisfaction (or, rather more accurately in recent years, dissatisfaction); how they rate individual services; and what they make of social care.

The 2024 survey, documenting the lowest levels of satisfaction with the NHS on record, provides context to a health service facing profound challenges and offers a clear baseline from which we can understand how the public are feeling at the start of a new government.

The last time the Labour Party held office, satisfaction was at an astonishingly high 70% – 49 percentage points higher than the latest result and a figure that feels almost unreachable in today’s more pessimistic times. This pessimism was reflected in the government’s proclamation just weeks before BSA fieldwork began that the NHS was “broken” – and may partially explain the lack of a post-election “bounce” in optimism from Labour supporters seen the last time their party swept to power.

In this survey we delve deeper than ever before into what lies beneath the extraordinary collapse in public satisfaction with the NHS since the pandemic, asking for views on quality of care, staffing levels, communication about tests and appointments, money, and waste in the NHS. Set alongside returning questions on the principles behind the NHS, priorities for reform and attitudes towards social care, we draw broad conclusions about the dilemmas facing the government as it pursues its “reform or die” mantra in its quest to restore public satisfaction in the NHS.

One such dilemma centres around funding. How to marry the very strong view from the public – regardless of age or political persuasion – that not enough money is spent on the NHS, with the equally strong view that the

NHS does not spend its money efficiently. The government is hoping that the funding announced in the October 2024 budget will answer the former, while, in the words of the Secretary of State, “going after waste, bureaucracy and duplication” is an attempt to address the latter.

But with spending pressures in the NHS continuing to rise and no sign of an answer to the problems facing social care, it will take more than the fall of a few quangos, however duplicative, to fix the hole in the NHS’s finances. A hole caused not solely by “bloat” or bureaucracy but by relentless demand for care, costly and innovative new treatments, and a service not set up to manage the health needs of an ageing population. And while the public support the principles underpinning the NHS and almost half say they are prepared to pay more tax to fund it, ministers know that there are no easy solutions to the NHS’s financial woes in the context of dire public finances and the spending pressures wrought by an uncertain global outlook.

The survey also reveals clear tensions around the political dilemma of how reform should happen. There is widespread consensus among experts and those delivering and commissioning health care that the NHS needs to transform from a national sickness service into one that not only treats people but also supports them to live healthy lives. This means reform focused around the three shifts at the heart of the government’s forthcoming 10 Year Health Plan, investment in prevention and a health service that is about much more than the hospital.

But this survey reveals the public’s immediate priorities, and we know from other data that many people are impatient for change. They want the NHS to do what it says on the tin: health care free at the point of use, available to all and – crucially – without having to wait unacceptably long to get it. They want a service that gets the basics right and will not respond kindly to one that continues to let people languish on waiting lists or on hold waiting for a GP appointment. This BSA shows that concern about long waits pervades regardless of political affiliation or nation.

The government now finds itself walking a fine line between meeting public demands for rapid improvements on waiting times and avoiding the pitfall of throwing more money – of which there is virtually none – at a system in need of deeper reform. Ministers will need to find a way to deliver short-term gains

in areas like A&E, GP appointments and dental care to give them the mandate for longer-term reform but avoid those quicker improvements undermining the much bigger prize of achieving the fundamental improvements needed for a sustainable NHS.

This is a daunting task – the Secretary of State has made clear that there is to be no “double running” to get services back on their feet while investing in better care in GP surgeries, community centres and people’s homes. Meanwhile social care – where satisfaction levels have plateaued at just 13% – remains neglected, with reform plans on hold for the immediate future.

But daunting as it is, part of the job of politicians is to set out clearly the trade-offs that exist, and to implement the solutions that best meet the needs of the country they serve. The Secretary of State for Health and Social Care says the NHS is broken, and these findings indicate that the public agree.

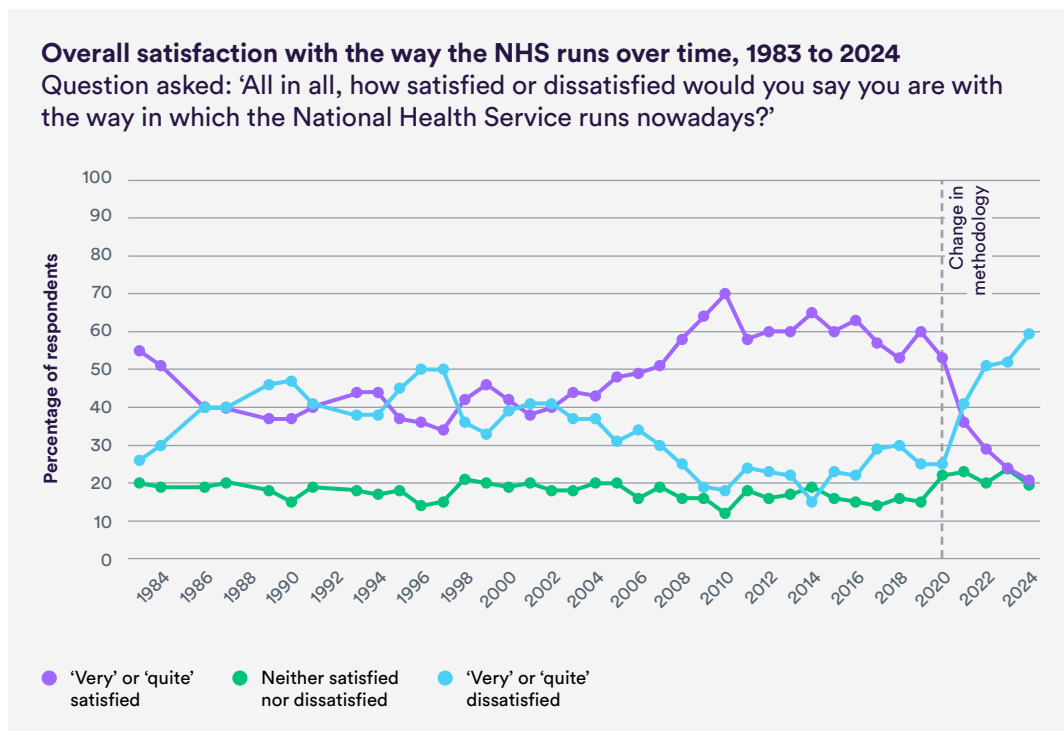
Thea Stein, Chief Executive, Nuffield Trust

Sarah Woolnough, Chief Executive, The King’s Fund

Key findings

Satisfaction with the NHS

- In 2024, just one in five British adults (21%) were ‘very’ or ‘quite’ satisfied with the way in which the NHS runs. This is the lowest level of satisfaction recorded since the survey began in 1983 and shows a steep decline of 39 percentage points since 2019. Only 2% of respondents were ‘very’ satisfied with the NHS, down from 4% in 2023.



- The percentage of people who were ‘very’ or ‘quite’ dissatisfied with the NHS rose to 59% in 2024, from 52% in 2023. This represents a statistically significant 7-percentage-point increase from the year before, which already had the highest dissatisfaction seen in 40 years of the British Social Attitudes survey.
- A higher proportion of people in Wales (72%) were dissatisfied with the NHS compared to the survey average and compared to people in England (59%).

- Supporters of the Reform party were less likely to be satisfied (13%) than the survey average and this was significant after controlling for other variables like age and income.
- There is a divide between generations, with satisfaction lower and falling in younger age groups. While the proportion of people who were satisfied rose slightly for those aged 65 and over, from 25% to 27%, among those under 65 it fell significantly, from 24% to 19%.

Satisfaction with social care

- In 2024, only 13% of respondents said they were ‘very’ or ‘quite’ satisfied with social care (the same figure as 2023). 53% of respondents were ‘very’ or ‘quite’ dissatisfied.
- Respondents in Wales (69%) were again significantly more likely to be dissatisfied than the survey average.

Satisfaction with different NHS services

- Public satisfaction with A&E services has fallen sharply, from 31% to just 19%, and dissatisfaction has risen from 37% to 52%. These are the worst figures on record by a large margin and make A&E the service with lowest satisfaction levels for the first time.
- Satisfaction with NHS dentistry has continued to collapse. As recently as 2019 this was at 60%, but it has now fallen to a record low of 20%. Dissatisfaction levels (55%) are the highest for any specific NHS service asked about.
- Satisfaction with GP services continued to fall, mirroring the trend over the last few years. 31% of respondents said they were satisfied with GP services, compared with 34% in 2023.
- Inpatient and outpatient hospital care is the part of the NHS with the highest levels of satisfaction, with 32% saying they were satisfied and only 28% dissatisfied.

Attitudes to standards of care, staffing and efficiency

- The majority of the public (51%) said they were satisfied with the quality of NHS care. People aged 65 and over were more likely to be satisfied (68%) with the quality of NHS care than those under 65 (47%).
- Dissatisfaction with waiting times and the ability to get an appointment is widespread, and is consistent across respondents from all ages and UK countries:
 - 62% of all respondents were dissatisfied with the time it takes to get a GP appointment. 23% were satisfied.
 - 65% of respondents said they were dissatisfied with the length of time it takes to get hospital care. 14% said they were dissatisfied.
 - Dissatisfaction levels are highest regarding the length of time it takes to be seen in A&E. 69% of respondents said they were dissatisfied, while just 12% said they were satisfied.
- Only 11% agreed that ‘there are enough staff in the NHS these days’. 72% disagreed.

NHS funding, principles and priorities

- 8% of respondents said that the government spent too much or far too much money on the NHS; 21% said that it spent about the right amount, and 69% said that it spent too little or far too little.
- When asked about government choices on tax and spending on the NHS, the public would narrowly choose increasing taxes and raising NHS spend (46%) over keeping them the same (41%). Only 8% would prefer tax reductions and lower NHS spending.

- Only 14% of respondents agreed that ‘the NHS spends the money it has efficiently’. 51% disagreed with this statement.
- Respondents felt the most important priorities for the NHS should be making it easier to get a GP appointment (51%) and improving A&E waiting times (49%), with increases in staff (48%) and better hospital waiting times close behind (also 48%). A&E has now slightly overtaken staffing as a priority, reflecting the sharp fall in satisfaction described above. People under 65 were more likely to prioritise improving mental health services (34%) than those aged 65 and over (21%).
- As in previous years, a strong majority of respondents agreed that the founding principles of the NHS should ‘definitely’ or ‘probably’ apply in 2024: that the NHS should be free of charge when you need to use it (90%); the NHS should primarily be funded through taxes (80%); and the NHS should be available to everyone (77%).
- The percentage of people saying that the NHS should ‘definitely’ be available to everyone decreased from 67% in 2023 to 56% in 2024. This is the only statistically significant change year-on-year across all three principles. Supporters of the Reform party (20%) were significantly less likely to say that the NHS should ‘definitely’ be available to everyone than the survey average.

Introduction

Since 1983, the National Centre for Social Research's (NatCen's) annual British Social Attitudes (BSA) survey has asked people each year about their views on health and social care services. The BSA is a 'gold standard', nationally representative survey that uses a robust methodology to explore public views on what it is like to live in Britain, and how they think the country is run. The King's Fund and the Nuffield Trust jointly sponsor questions to measure and track public views about health and care.

2024 was a year of political change, with a switch in governing party as Labour took power in the UK for the first time in 14 years amidst intense debate over National Health Service (NHS) performance. The most recent BSA survey was carried out between 16 September and 27 October 2024, commencing just over two months after the general election.

The survey asked a nationally representative sample of 2,945 adults over the age of 18 across England, Scotland and Wales about their satisfaction with the NHS and adult social care services. 933 people were asked in more detail about their satisfaction with specific NHS services and different aspects of the NHS; their views on funding and efficiency; on the founding principles of the health service; and on what they felt should be the top priorities for the health service.

The BSA methodology uses random probability sampling to select British households to take part. From 1983 until 2019, the survey was conducted through face-to-face interviews. This method was not possible in 2020 due to social distancing rules in place for Covid-19, so that year the BSA survey interviews were conducted primarily online with a telephone option also available. Since then, this method has continued, with households receiving a letter inviting up to two adults to take part online, or over the phone if they prefer.

The core elements of the survey remain the same, and have done since 1983. Keeping consistency over time is key for ensuring comparability year-on-year,

and the main questions have not changed. There are a few areas where we have found ways to improve the design of the survey, introducing new questions where relevant to reflect important issues for the public on health and care and ensuring the analysis of the results allows clear comparison between different groups in society. The box below details these changes.

What's new for BSA 2024?

Updated or new questions

Questions on satisfaction with quality of care, waiting times and NHS funding have been improved to allow for more detailed analysis. When asking about satisfaction with individual services, the questions have been updated to ensure they capture both how those services are provided and how the public perceives them.

New questions have been introduced on NHS efficiency and how the NHS communicates with patients about appointments and test results to reflect current issues in the public debate on the NHS. All the new and changed questions were tested with respondents before the main stage of fieldwork. Details of the changes and any impact on the time series are noted in the relevant sections.

Improvements in how the results are analysed

This year, we have taken an extra analytical step to understand what influences public attitudes toward the NHS.

While our survey shows broad patterns in opinion, we used a method called logistic regression to determine whether differences in opinion – like satisfaction with the NHS – remain true even when we take into account other factors, like a person's age, sex, ethnicity, household income, where they live, and their political views.

For example, if older people report higher satisfaction, is that due to age itself or because they tend to have different incomes or political views? Logistic regression helps us separate these influences, showing whether age itself plays a role or if the difference disappears when we factor in other variables.

Reflecting changing political support

We have presented separate results for more political parties to reflect the changes in vote share at the last election and representation in the survey responses.

In previous years, data was analysed by assessing political differences between Liberal Democrat supporters, Labour supporters and Conservative supporters, with supporters of Reform included in a category that also included supporters of 'other' parties, such as Plaid Cymru and the Greens. In 2024, the vote share of the Reform party and representation in the BSA survey surpassed that of the Liberal Democrats. To reflect this change, in this year's analysis people who support Reform have been included as a specific category alongside the individual categories for Labour, the Conservatives and the Liberal Democrats.

1 How satisfied is the British public with the NHS overall?

The 2024 BSA survey took place soon after a general election that saw the Labour Party return to government for the first time in 14 years with a large parliamentary majority. The NHS was one of the main battlegrounds of the campaign, with the NHS topping the list of the public's areas of concern according to the Ipsos Issues Index of June 2024.¹ Labour's manifesto promised an NHS "fit for the future".²

It is no surprise that the health service was so high on the agenda. By 2022, public satisfaction with the NHS had tumbled to the lowest level seen in the almost 40 years the BSA had been running. By 2023, only 24% of the public were satisfied with the NHS, while 52% were dissatisfied.

These public attitudes reflected very real problems – the impact of slowing investment in the health service in the face of rapidly increasing population need was compounded by the Covid-19 pandemic. The waiting list for planned care in England reached a record high of 7.8 million in August 2023, almost twice the size it was five years prior.³ By the time of the fieldwork for this latest BSA survey, there were still around 7.6 million cases waiting for

1 Ipsos (2024) *Ipsos issues index*. June 2024. www.ipsos.com/sites/default/files/ct/news/documents/2024-06/Issues%20Index_June_v1_PUBLIC.pdf

2 Labour Party (2024) 'Build an NHS fit for the future'. Available at: <https://labour.org.uk/change/build-an-nhs-fit-for-the-future>

3 Nuffield Trust (n.d.) 'NHS performance dashboard'. Available at: www.nuffieldtrust.org.uk/qualitywatch/nhs-performance-dashboard

treatment on the list. Wales and Scotland report their figures differently, but have also struggled to make real progress on their waiting lists.^{4,5}

All NHS services are under huge pressure. General practice is facing unprecedented demand and is struggling to meaningfully increase the number of general practitioners working across the country.⁶ The long-term challenges faced in NHS dentistry are well documented.⁷ Especially during winter, emergency departments have regularly found themselves in crisis. In January 2019, only 627 people in England admitted in an emergency waited over 12 hours on a trolley. In September 2024, this figure was over 38,000.⁸ In the year of the general election the NHS was working at full capacity just to stop performance standards slipping further.

Using unprecedented language, Wes Streeting, in his first day as the new Secretary of State for Health and Social Care, announced that “the NHS is broken.”⁹ The new government quickly tasked Lord Darzi with producing a report on the state of the NHS in England, laying out the challenges it is facing. The first finding of Darzi’s report referenced the British Social Attitudes survey findings on public satisfaction.¹⁰

- 4 Welsh Government (n.d.) 'Patient pathways waiting to start treatment by month, grouped weeks and stage of pathway'. Available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/patientpathwayswaitingtostarttreatment-by-month-groupedweeks>
- 5 Public Health Scotland (2024) 'NHS waiting times - 18 weeks referral to treatment: Quarter ending 30 September 2024'. Available at: <https://publichealthscotland.scot/publications/nhs-waiting-times-18-weeks-referral-to-treatment/nhs-waiting-times-18-weeks-referral-to-treatment-quarter-ending-30-september-2024>
- 6 NHS Digital (n.d.) 'General practice workforce'. <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services>
- 7 Williams W, Fisher E and Edwards N (2023) 'Bold action or slow decay? The state of NHS dentistry and future policy actions'. Nuffield Trust. www.nuffieldtrust.org.uk/research/bold-action-or-slow-decay-the-state-of-nhs-dentistry-and-future-policy-actions
- 8 NHS England (2024) 'A&E attendances and emergency admissions 2024-25'. www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2024-25
- 9 Department of Health and Social Care (2024) 'Statement from the Secretary of State for Health and Social Care'. www.gov.uk/government/speeches/statement-from-the-secretary-of-state-for-health-and-social-care
- 10 Department of Health and Social Care (2024) 'Independent investigation of the NHS in England'. www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england

The last time the Labour Party entered government, the first post-election BSA (1998) recorded an eight-percentage-point positive ‘bounce’ in satisfaction with the NHS. By 2000, this had fallen away but began to steadily climb from 2001-2010 as investment in the NHS grew and many aspects of service performance improved considerably.

Today, Keir Starmer’s government finds itself in a very different (and far less optimistic) socio-economic climate. People in Britain have valid reasons to be concerned about the state of the NHS, and to be anxious about its future. Given the centrality of the NHS to both the election and the lives of British people, many will look to public satisfaction with our health and care systems as a key metric for measuring the success, or failure, of the new government. The latest BSA results can help us understand the baseline against which these assessments might be carried out.

Overall satisfaction with the NHS

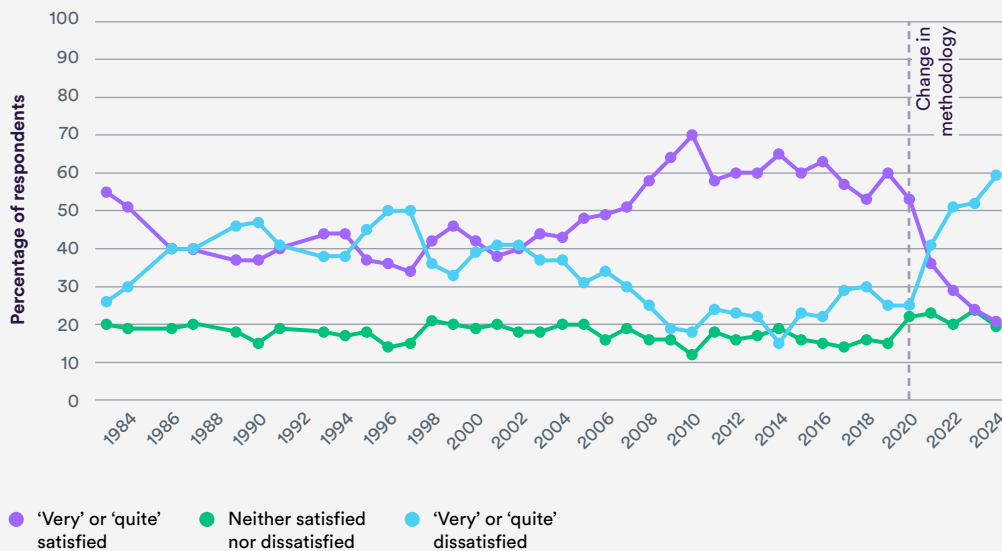
For over 40 years, the BSA survey has asked a representative sample of the public how satisfied or dissatisfied they are ‘with the way in which the NHS runs nowadays’.

In 2024, just 21% of the public were ‘very’ or ‘quite’ satisfied with the NHS (Figure 1), equivalent to just over 1 in 5 people in Britain being satisfied. This was not a statistically significant change from 2023, but represents the lowest level of satisfaction recorded since the survey began in 1983. Only 2% of respondents were ‘very’ satisfied with the NHS, a significant decrease from 4% in 2023.

The NHS has seen a decline in overall satisfaction over the past four years. In 2021, satisfaction dropped 17 percentage points to 36%. In 2022, satisfaction dropped by 7 percentage points to 29%, followed by a 5-percentage-point drop in 2023. While the rate of decline has slowed over the last two years, in 2024 satisfaction has fallen further, surpassing the successive lows in 2022 and 2023.

The recent fall in satisfaction mirrors an increase in public dissatisfaction with the NHS. The percentage of people who were ‘very’ or ‘quite’ dissatisfied with the NHS rose to a record high of 59% in 2024, representing a statistically significant 7-percentage-point increase from 2023.

Figure 1: Overall satisfaction with the way the NHS runs over time, 1983 to 2024
 Question asked: ‘All in all, how satisfied or dissatisfied would you say you are with the way in which the National Health Service runs nowadays?’



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 2,945. This question was not asked in 1985, 1988 and 1992; ‘don’t know’ and ‘refusal’ responses are not shown, in 2024 these response categories were selected by 0.4% of respondents. Data has been carefully weighted to minimise differences due to the change in methodology between 2020 and previous years.

How does satisfaction and dissatisfaction vary by population group?

The BSA survey provides the opportunity to analyse results broken down by different population groups: age, sex, household income, country and political affiliation (see methodology for definitions). In this section we look at how satisfaction and dissatisfaction varied among these groups in 2024 and how satisfaction has changed since 2023.

Across all population groups, the analysis looks at whether the results are significantly different from the survey average. We also examine whether the year-on-year changes are statistically significant. Additionally, we also tested the significance of these findings in logistic regression models, controlling for age, sex, household income, country and political affiliation.

Statistical significance

When looking at percentages, if a change or difference is statistically significant, this means we can be 95% confident that the survey result reflects a real change or difference in public views, rather than being down to chance. Where a change or difference is not statistically significant, we cannot be confident that it reflects a real change or difference in public views.

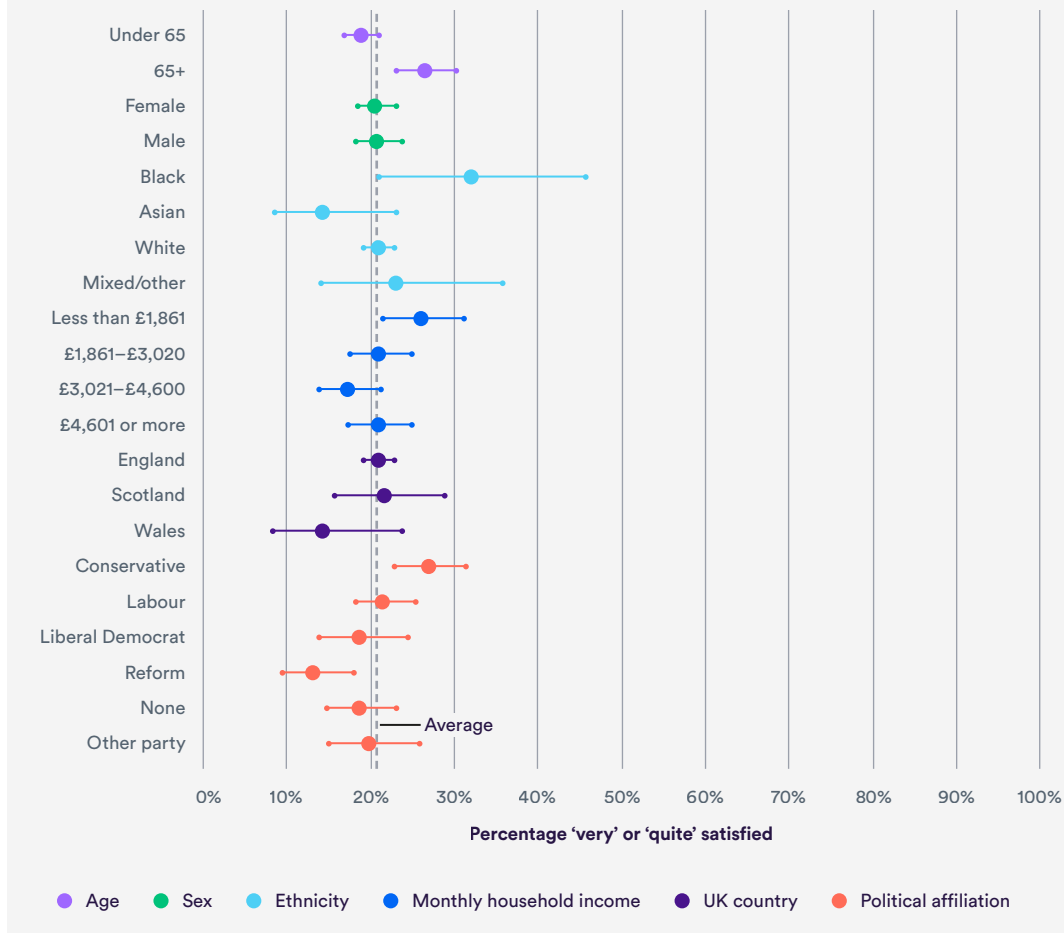
This year, we have introduced logistic regression models to check whether differences are still significant even when controlling for other factors. In this report we highlight groups where we can be at least 95% confident they were more likely to be satisfied or dissatisfied.

Figures 2 and 3 show how satisfaction and dissatisfaction varied in different population groups in 2024, and how these differed from the average of the whole population.

Satisfaction with the NHS was low across all population groups in 2024. However, a significantly higher proportion of people aged 65 or over (27%) were satisfied with the NHS, compared to those under 65 (19%) and the survey average. This remained statistically significant when controlling for other factors.

Reform supporters (13%) were significantly less likely to be satisfied with the NHS than the survey average. They were also significantly less likely to be satisfied with the NHS than Conservative (27%) and Labour supporters (22%), a finding that held true even when factors like age and income were taken into account. Satisfaction levels among Liberal Democrat supporters did not differ significantly from the average, but Conservative supporters were significantly more likely to be satisfied with the NHS compared to the survey average.

Figure 2: Satisfaction with the NHS in 2024, by population group
 Question asked: ‘All in all, how satisfied or dissatisfied would you say you are with the way in which the National Health Service runs nowadays?’



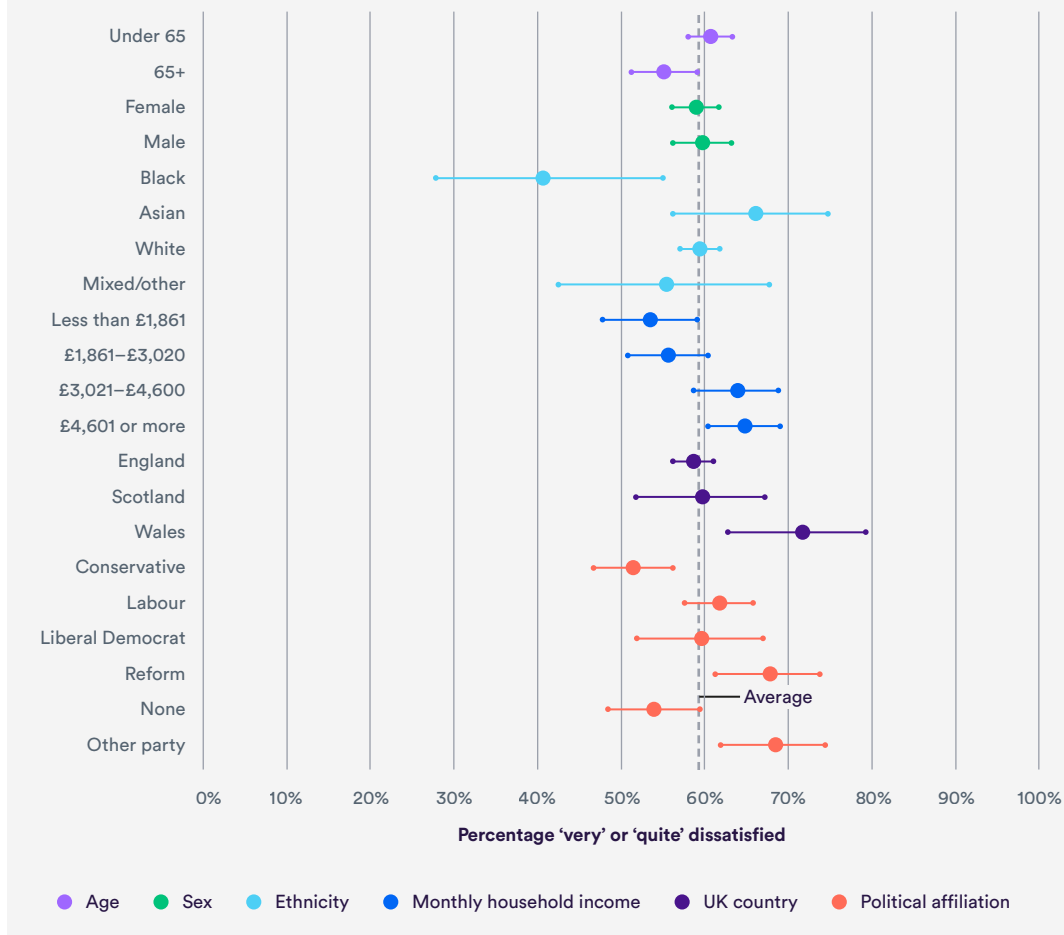
Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 2,945. Average values and 95% confidence intervals. Results with low base sizes should be viewed with caution (Black n=70; Asian n=143; Mixed/other ethnicity n=93; Wales n=201).

Conservative supporters (51%) were significantly less likely to be dissatisfied than the survey average (59%). They were also less likely to be dissatisfied than supporters of Labour (62%) and of Reform (68%), a finding that held true when factors like age and income were taken into account.

A significantly higher proportion of people in Wales (72%) were dissatisfied with the NHS compared to the survey average. People in Wales were also more likely to be dissatisfied than people in England (59%). This held true when factors like age and income were taken into account.

Figure 3: Dissatisfaction with the NHS in 2024, by population group

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



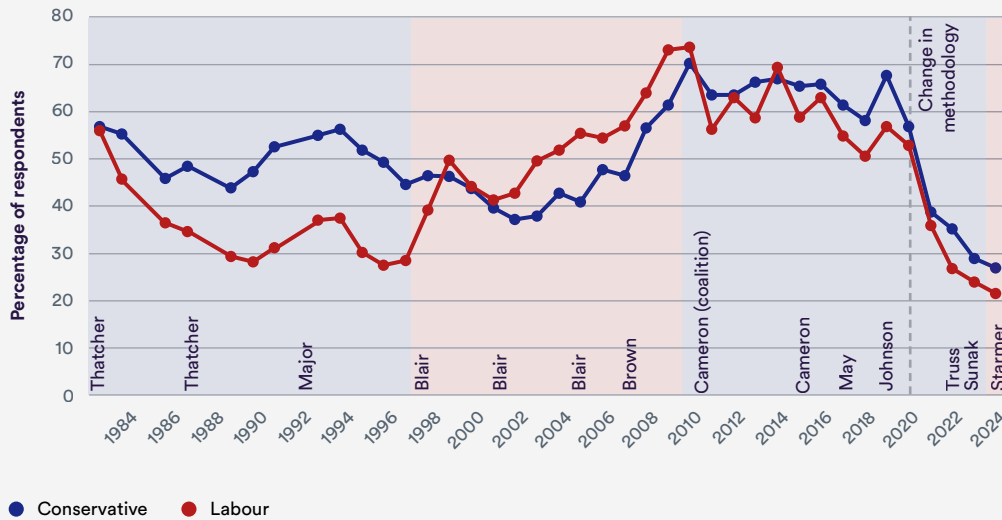
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Previous years of the BSA have demonstrated a pattern where supporters of the political party in power report higher levels of satisfaction than supporters of the opposition party.¹¹ However, this year there was a departure from this trend. Labour supporters’ satisfaction levels in 2024 were 5 percentage points lower than those of Conservative supporters.

¹¹ Appleby J (2018) ‘Politics and satisfaction with the NHS’. Nuffield Trust blog. www.nuffieldtrust.org.uk/news-item/politics-and-satisfaction-with-the-nhs

Figure 4: Satisfaction by political party across Labour and Conservative-led governments

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



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size 2,945. This question was not asked in 1985, 1988 and 1992. Data has been carefully weighted to minimise differences due to the change in methodology from 2020 onwards.

Changes in satisfaction since 2023

Between 2023 and 2024, overall satisfaction dropped in almost all population groups. For most groups, this change was not statistically significant. However, while the proportion of people who were satisfied rose slightly for those aged 65 and over (from 25% to 27%), the proportion of under 65s who were satisfied fell significantly, from 24% to 19%.

Public debate about the NHS and social care in 2024

Many factors are likely to influence reported satisfaction in the British Social Attitudes survey, including national debate in the media and social media around the NHS and social care. Fieldwork for the survey was carried out between 16 September and 27 October 2024, after a period of political upheaval and major policy changes in health and social care, triggered by a general election campaign and change of government.

Before the survey period (May–September 2024)

In May 2024, following a prolonged decline in support for the government in opinion polls, Prime Minister Rishi Sunak announced that the UK would go to the polls for a general election on 4 July. So began an election campaign with the NHS as a top priority for voters. The **Ipsos Issues Index** found that the NHS was the biggest issue facing the country, and by July public concern about the NHS had risen to its highest level in the post Covid-19 pandemic era.¹² NHS issues were often raised during election debates and TV specials.

During the election campaign, party manifestos contained varying commitments on the NHS and social care, but the lack of fiscal detail was highlighted.¹³ The media pressed Labour and the Conservatives on whether their plans would mean a return to the tight spending commitments of the 2010s.

Social care was also a topic of debate during the election campaign, though less prominent than the NHS. The Liberal Democrats in particular raised the profile of the beleaguered care sector as their leader Ed Davey highlighted his own experiences as a carer.

After a landslide victory for Labour, the new government wasted no time in making its position on the NHS clear. On 5 July, Wes Streeting was appointed as Secretary of State for Health and Social Care and immediately stated that ‘from today, the policy of this department is

12 Ipsos (2024) ‘Ipsos Issues Index: July 2024’. www.ipsos.com/sites/default/files/ct/news/documents/2024-07/ipsos-issues-index-july-2024-charts.pdf

13 Nuffield Trust (2024) ‘Nuffield Trust response to Labour Party manifesto.’ Press release. www.nuffieldtrust.org.uk/news-item/nuffield-trust-response-to-labour-party-manifesto

that the NHS is broken.’¹⁴ This marked a sharp break from previous governments trying to communicate positive messages about NHS performance.

At the end of July, to the dismay of organisations representing the care sector, the Labour government announced it would cancel plans to put a cap on the amount people can pay for social care across their lifetime. The policy was created by the Conservative/Liberal Democrat coalition government in 2014 to protect people from catastrophic costs, but implementation was repeatedly delayed.

In Scotland, opposition parties had raised concerns with NHS waiting times and a troubled reform process for social care under the SNP government during the general election. During August, press coverage continued to highlight elevated waits for planned care and in A&E departments.

Meanwhile, Wales was facing its own unique difficulties. In July, the Welsh First Minister resigned just four months into the job, after three of his Welsh government ministers and his top legal adviser released resignation statements calling for him to stand down. Hospital waiting times in Wales also hit a new record high over the summer and performance in the Welsh NHS across several measures has been consistently worse than in England and Scotland. This disparity was made clear in media reporting.

During the survey period (September–October 2024)

With the new UK government having identified the NHS as one of its main priorities, Lord Darzi was asked to produce a rapid review of NHS performance, culminating in a report that was published in September just before the British Social Attitudes survey fieldwork began. The damning report underlined the monumental challenges facing almost every corner of the health service and referenced the desperate state of social care. Meanwhile, media reported extensive speculation over whether the new government would increase taxes, which eventually came to pass in the Autumn Budget on 30 October 2024, shortly after our survey closed.

¹⁴ Department of Health and Social Care (2024) ‘The NHS is broken: Health and Social Care Secretary statement’. Speech. www.gov.uk/government/speeches/statement-from-the-secretary-of-state-for-health-and-social-care

On a more optimistic note, resident doctors in England voted to accept the government's latest pay offer on 16 September, concluding a long period of on-and-off industrial action which had significantly disrupted patient care.

Pressure on ambulance services started to build during September and October, with the media reporting on rising response times and problems handing patients over to hospitals. Towards the end of the BSA survey period, in October, the government launched a public consultation seeking views on how to shape their 10 Year Health Plan 'to fix the broken health service'. This included a public engagement exercise inviting people to share their ideas for fixing the NHS via the Change NHS online platform.

Throughout 2024, and especially during the new government's establishing months, the public therefore saw a long succession of prominent and negative news stories about NHS performance and the government's lack of confidence in how it is running.

2 How satisfied is the British public with social care?

The BSA asks respondents about their satisfaction with social care services aimed at those who need assistance due to illness, disability or old age.

While social care was also an important issue for some voters and political parties during the 2024 election campaign, it was not as prominent as the NHS, which is largely reflective of their relative positions in public discourse.¹⁵ This is despite the fundamental role the social care sector plays in helping millions of older people, people with long-term illnesses and people living with disabilities in Britain to live better lives. Around 1.7 million people in England work in social care, which is similar to the number employed by the NHS.¹⁶

Like the NHS, social care is a devolved matter and is therefore run differently in Scotland and Wales. However, many challenges are shared across Britain.

Factors such as council fee rates that may not always meet the rising cost of providing quality care,¹⁷ as well as failures to make sure the right mix of

15 YouGov (2024) 'General election 2024: what are the most important issues for voters?'. <https://yougov.co.uk/politics/articles/49594-general-election-2024-what-are-the-most-important-issues-for-voters>

16 Skills for Care (2024) 'The state of the adult social care sector and workforce in England'. www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx

17 Homecare Association (2024) 'Homecare Association publishes minimum price for homecare 2024-25'. www.homecareassociation.org.uk/resource/homecare-association-publishes-minimum-price-for-homecare-2024-25.html

services exists in local areas,¹⁸ affect the quality and availability of care for the people that need it.¹⁹ An estimated two million people aged 65 or over have some degree of unmet social care need.²⁰

Although the number of people requesting social care in England was around 10% greater in 2022/23 than it was in 2015/16, the number of people accessing support dropped during that period.²¹ Failures to provide the right care and support at the right time have wide-ranging consequences beyond the devastating ones they can have for the person in need themselves. The millions of unpaid carers in Britain who often fill the gaps left by formal social care services are at increased risk of seeing their own physical and mental health suffer, and do not receive enough support, financial or otherwise.²²

Failures of successive governments, despite a range of commitments and recommendations over the years,^{23,24} to implement wholesale sectoral reform means that many problems have gone unsolved for a long time. The social care system is unsuited to the increasingly complex needs that exist across both the under-65 and older adult populations in Britain. The lack of the right social care also results in some people staying in hospital for longer because they cannot be supported well closer to home.²⁵ Because they offer fee rates

- 18 Curry N and Oung C (2021) *Fractured and forgotten? The social care provider market in England*. Research report, Nuffield Trust. www.nuffieldtrust.org.uk/research/fractured-and-forgotten-the-social-care-provider-market-in-england
- 19 Curry N, Lobont C and Hemmings N (2024) 'Will the autumn budget push the social care sector beyond breaking point?'. Nuffield Trust blog. www.nuffieldtrust.org.uk/news-item/will-the-autumn-budget-push-the-social-care-sector-beyond-breaking-point
- 20 Age UK (2024) *State of health and care of older people in England 2024*. www.ageuk.org.uk/discover/2024/september/state-of-health-and-care-of-older-people-in-england-2024/
- 21 Bottery S and Jefferies D (2025) Social care 360. The King's Fund. www.kingsfund.org.uk/insight-and-analysis/long-reads/social-care-360
- 22 Office for National Statistics (2024) 'Unpaid care expectancy and health outcomes of unpaid carers, England, April 2024'. www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/bulletins/unpaidcareexpectancyandhealthoutcomesofunpaidcarersengland/april2024
- 23 Conservative Party (n.d.) 'Our plan'. <https://cchq2019.webflow.io/our-plan>
- Oung C (2024) 'What has happened to the funding earmarked for social care reform?'. Nuffield Trust blog. www.nuffieldtrust.org.uk/resource/what-has-happened-to-the-funding-earmarked-for-social-care-reform
- 24 Oung C (2024) 'What has happened to the funding earmarked for social care reform?'. Nuffield Trust blog. www.nuffieldtrust.org.uk/resource/what-has-happened-to-the-funding-earmarked-for-social-care-reform
- 25 Nuffield Trust and Health Foundation (2024) 'Delayed discharges from hospital'. Indicator, QualityWatch. www.nuffieldtrust.org.uk/resource/delayed-discharges-from-hospital

which are not deemed to meet the cost of providing that care, councils or the NHS can also struggle to find social care that meets the needs of an individual. A commission to look at the future of social care was announced in January 2025, after the fieldwork period for the BSA.

Although fewer people will have been direct recipients of social care than of NHS care, many will have friends and family who have accessed, or tried to access, social care services.

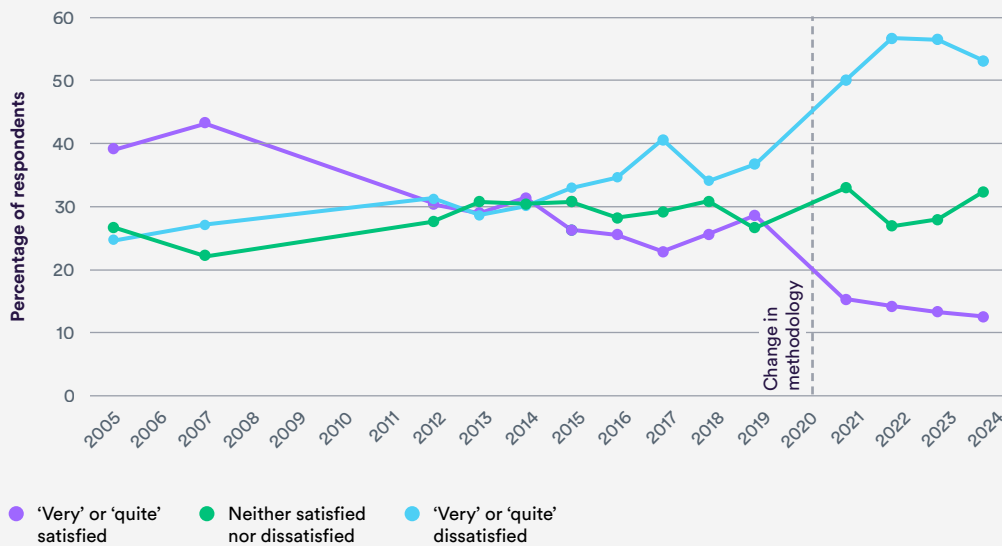
This year's BSA results show us how well respondents around Britain think social care is delivering for people.

Overall satisfaction with social care

In 2024, 13% of respondents said they were 'very' or 'quite' satisfied with social care. Of these, only 2% said they were 'very' satisfied. Meanwhile, 53% of respondents said they were 'very' or 'quite' dissatisfied with social care. Although these are not statistically significant changes compared to 2023 (13% of people in 2023 said they were 'very' or 'quite' satisfied with social care), as visible in Figure 5 there has been a steady decrease in satisfaction scores since 2021. However, there was a statistically significant increase, from 28% to 32%, in respondents who said they were 'neither satisfied nor dissatisfied'.

Figure 5: Satisfaction with social care over time

Question asked: (until 2021) ‘How satisfied or dissatisfied are you with social care provided by local authorities for people who cannot look after themselves because of illness, disability or old age?’; (from 2021) ‘From your own experience, or from what you have heard, how satisfied or dissatisfied are you with social care for people who cannot look after themselves because of illness, disability or old age?’



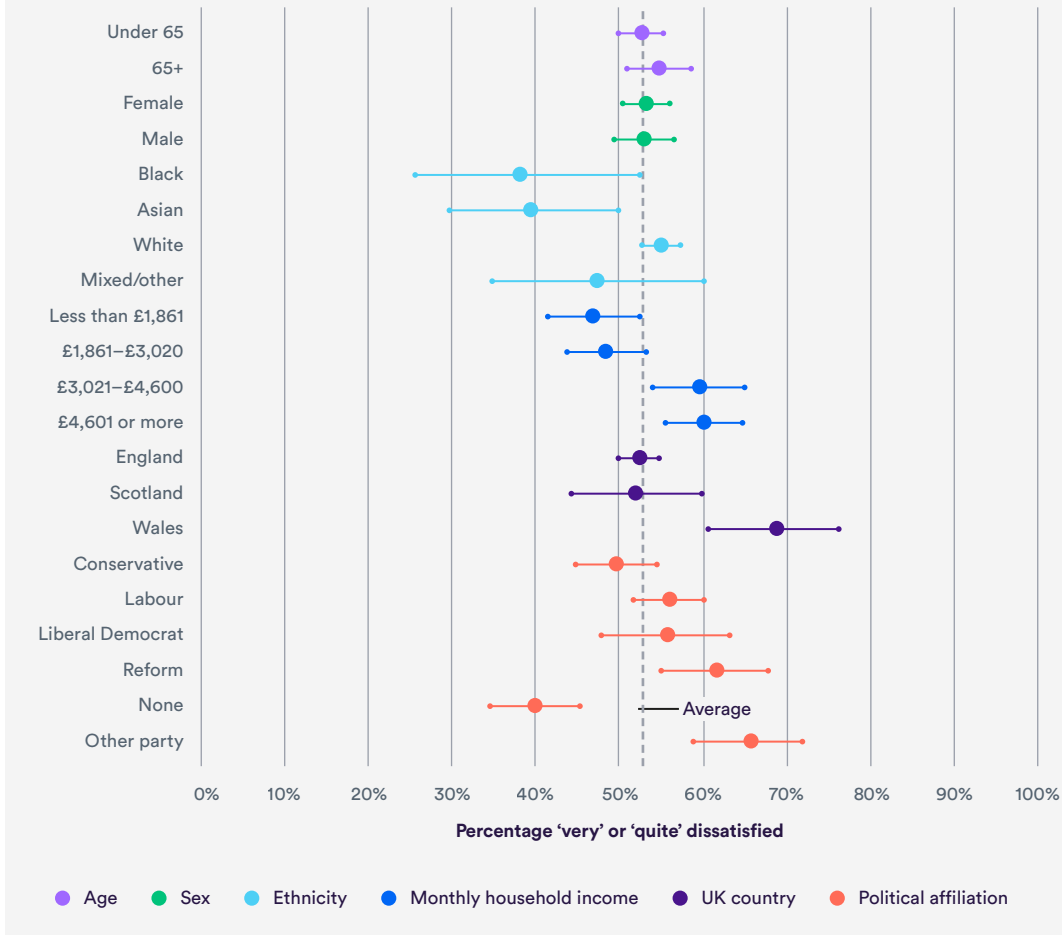
Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 2,945. This question was not asked in 2020; ‘don’t know’ and ‘refusal’ responses are not shown, in 2024 these response categories were selected by 2.0% of respondents. Data has been carefully weighted to minimise differences due to the change in methodology between 2020 and previous years.

How does dissatisfaction vary by population group?

The following section focuses on the respondents who said they were dissatisfied with social care. This is a much larger group of people than those who said they were satisfied, allowing for more meaningful estimates of population differences. Figure 6 shows how dissatisfaction differed among different population groups and from the average for the whole survey.

Figure 6: Dissatisfaction with social care in 2024, by population group

Question asked: 'From your own experience, or from what you have heard, how satisfied or dissatisfied are you with social care for people who cannot look after themselves because of illness, disability or old age?'



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 2,945. Average values and 95% confidence intervals. Results with low base sizes should be viewed with caution (Black n=70; Asian n=143; Mixed/other ethnicity n=93; Wales n=201).

There was no significant variation in dissatisfaction with social care by sex (both 53%).

In the previous survey year (2023), social care dissatisfaction was significantly higher in those aged 65 and over (63%) compared to under-65s (55%). But this year, responses did not differ significantly by age group (under 65, 53%; 65 and over, 55%). There has been a significant drop in the proportion of respondents aged 65 and over who were dissatisfied compared to 2023.

A degree of consensus existed across supporters of the main political parties: those supporting Labour, the Conservatives, the Liberal Democrats and Reform were not significantly different from the average in their level of dissatisfaction.

When comparing respondents by income group, those in the highest two income quartiles (60%) were significantly more likely to be dissatisfied than those in the lowest (47%) or second-lowest earning income quartiles (48%). This remained true when controlling for other factors.

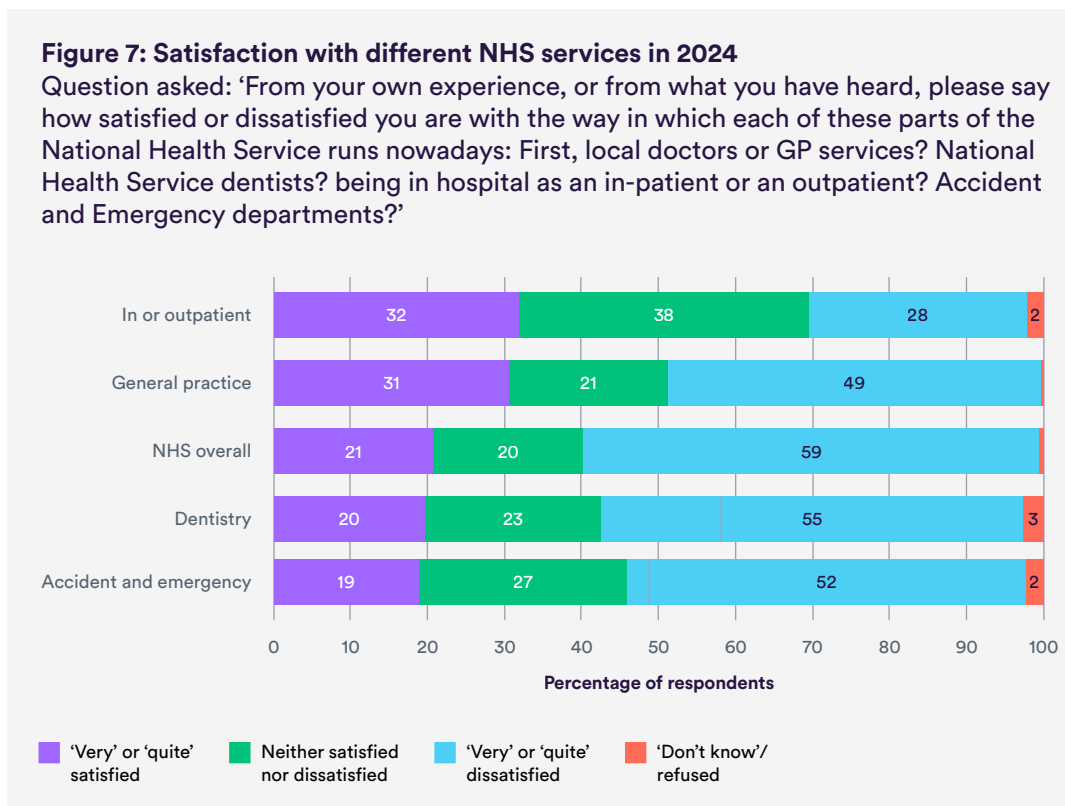
Welsh respondents (69%) were significantly more likely than respondents from England (52%) or Scotland (52%) to be dissatisfied, and this remained true when controlling for other factors. Moreover, only 5% of respondents from Wales said they were 'very' or 'quite' satisfied with social care in 2024. Despite the relatively small sample, this is significantly lower than respondents from England (13%) or Scotland (17%), and represents the lowest individual country satisfaction score for social care on record.

Asian respondents were significantly less likely than white respondents to be dissatisfied with social care, and this result held true when controlling for all other factors.

3 How satisfied is the British public with different NHS services?

In addition to asking about overall satisfaction with the NHS and social care, the BSA survey asks a smaller sample of 933 respondents how satisfied or dissatisfied they are with different NHS services: general practice, NHS dentistry, A&E services and inpatient and outpatient services.

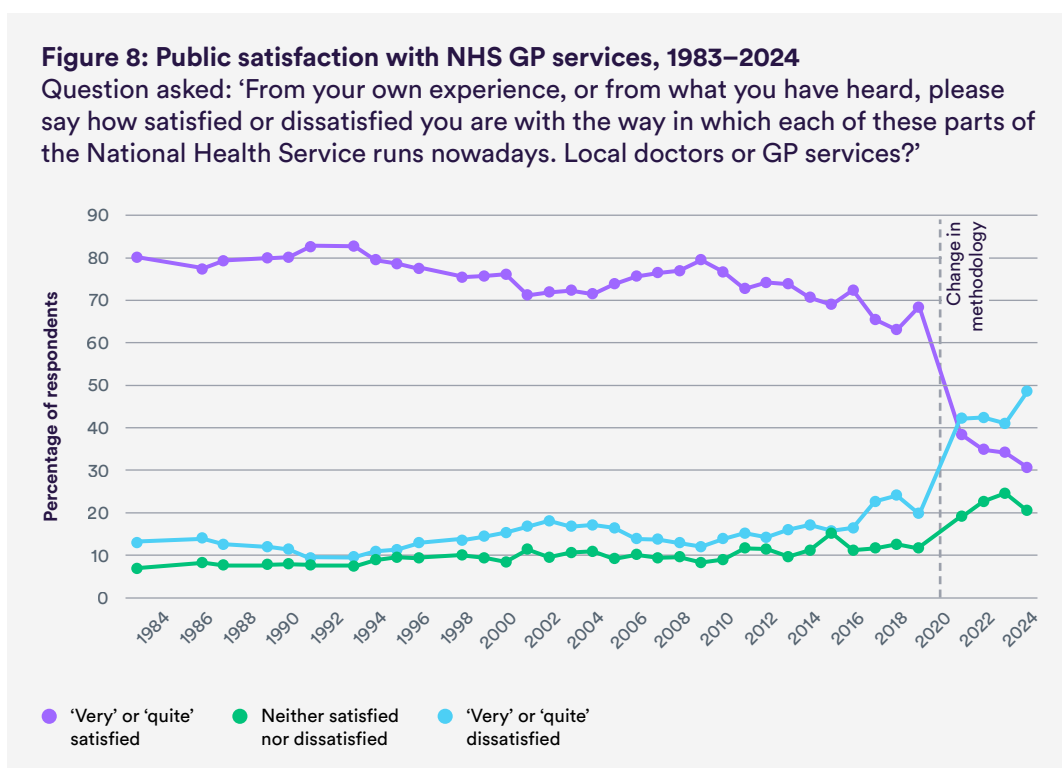
Figure 7 summarises the results from the 2024 survey’s questions on individual services, which we go through service-by-service in the rest of this section.



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. Sample size is 933 for individual NHS services and 2,945 for NHS overall.

General practice

In 2024, satisfaction with GP services²⁶ continued to fall, mirroring the trend over the last few years. 31% of respondents said they were satisfied with GP services compared with 34% in 2023 (though this was not a statistically significant change). This is once again the lowest level of satisfaction recorded since the survey began in 1983 (see Figure 8). While 25% of respondents were ‘quite’ satisfied, only 5% were ‘very’ satisfied. Until 2018, general practice had been the highest-rated NHS service since the survey began in 1983.



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 933. This question was not asked in 1985, 1988, 1992 and 2020. ‘Don’t know’ and ‘Refusal’ responses are not shown as consistently selected by less than 1% of respondents (2024 = 0.3). Data has been carefully weighted to minimise differences due to the change in methodology between 2021 and previous years.

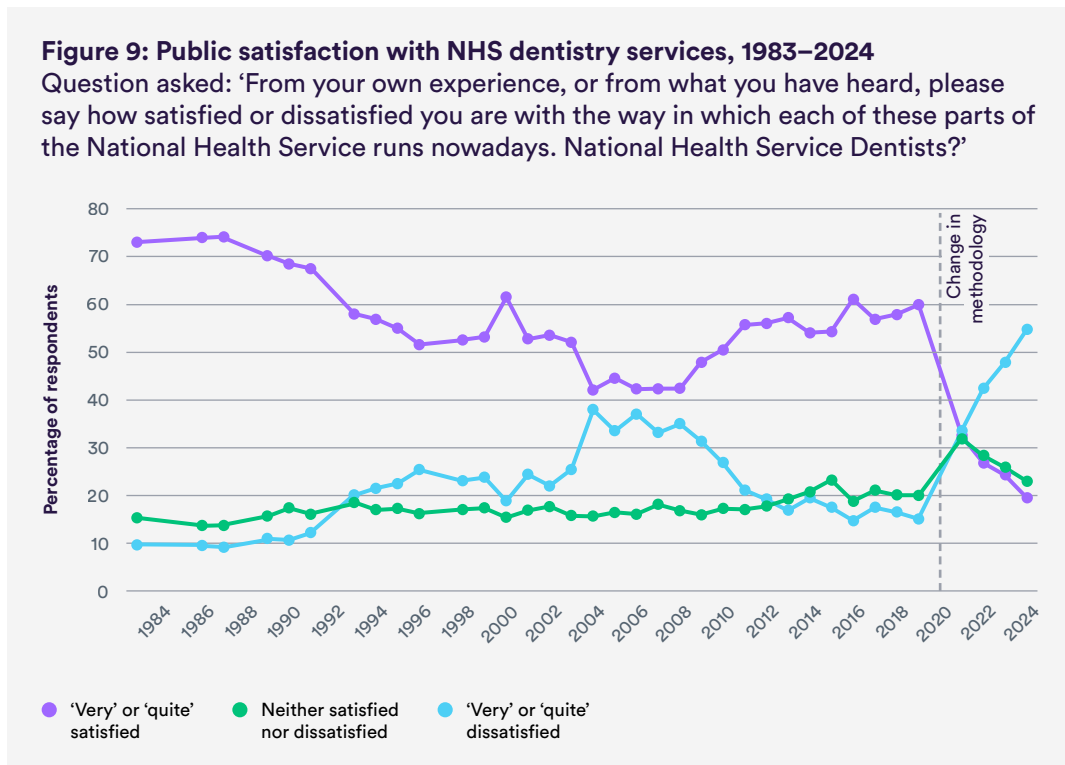
26 In 2024, the wording of this questions changed from ‘local doctors or GPs’ to ‘local doctors or GP services’ (see methodology for more detail).

The 2024 survey results also show that dissatisfaction with general practice increased from 41% ‘very’ or ‘quite’ dissatisfied in 2023 to 49% in 2024. This includes a statistically significant increase in respondents who said they were ‘very’ dissatisfied (from 13% in 2023 to 18% in 2024).

Dentistry

In 2024, a record low of 20% of respondents were satisfied with NHS dentistry services (of which 5% were ‘very’ satisfied), compared to 24% in 2023 (though this was not statistically significant). The percentage of respondents satisfied with NHS dentistry increased from 42% in 2004 to 60% in 2019, but in the past four years there has been a sharp reversal of this trend (see Figure 9).

In the 2024 survey, dissatisfaction with NHS dentistry services rose to a record high of 55%, a 7-percentage-point increase in dissatisfaction compared with 2023. This includes a statistically significant increase in respondents who said they were ‘very’ dissatisfied (from 28% in 2023 to 36% in 2024).

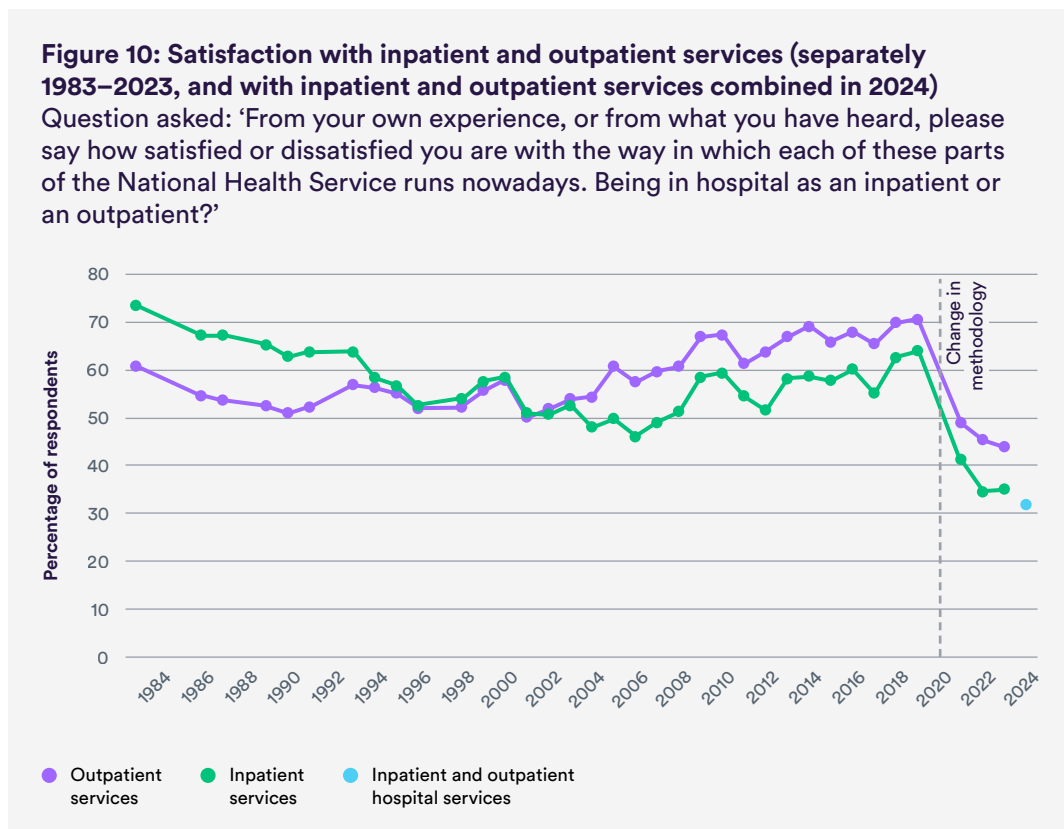


Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 933. This question was not asked in 1985, 1988, 1992 and 2020. Data has been weighted to minimise differences due to the change in methodology in 2021.

Inpatient and outpatient hospital services

In 2024, the survey asked people about their satisfaction with inpatient and outpatient hospital services together for the first time (see methodology for more details). The survey results showed that 32% of respondents were satisfied with inpatient and outpatient hospital services (5% ‘very’ and 26% ‘quite’). This was the highest level of satisfaction recorded for any NHS service in 2024. The largest proportion of respondents (38%) said they were ‘neither satisfied nor dissatisfied’, and 28% said they were ‘very’ or ‘quite’ dissatisfied.

This year’s results are not directly comparable with historical results recorded for inpatient and outpatient services. However, the historical inpatient and outpatient results are useful context for the 2024 results (see Figure 10).



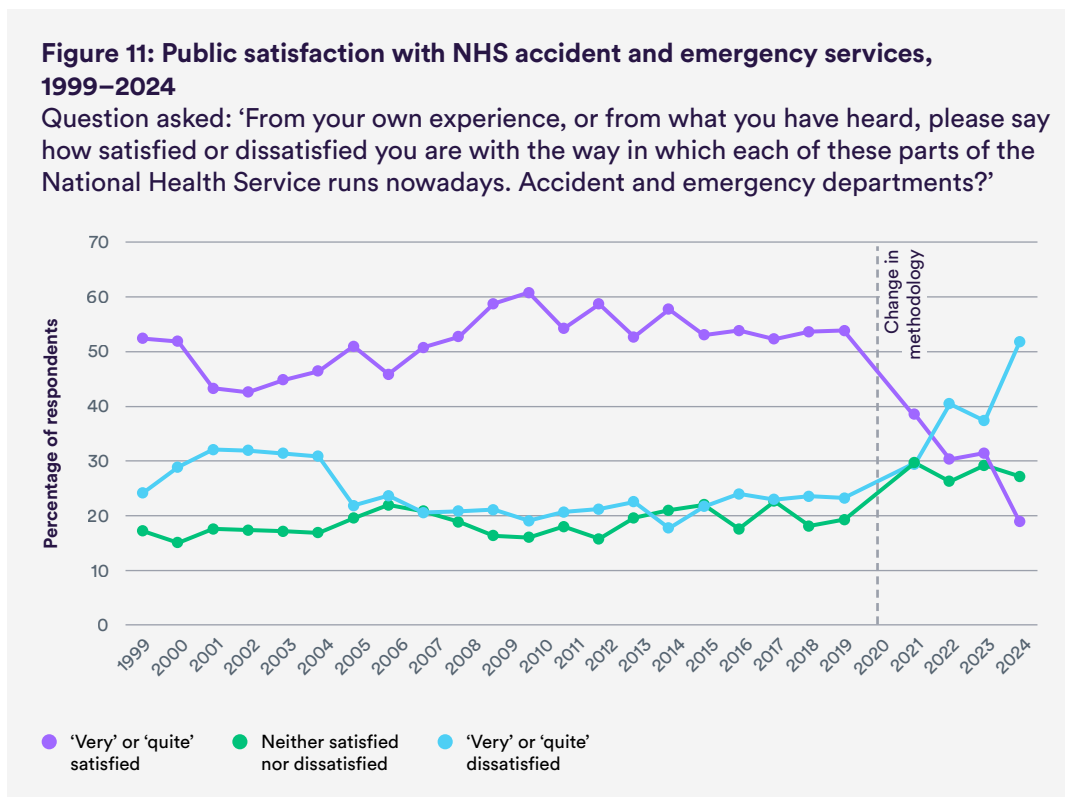
Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 933. This question was not asked in 1985, 1988, 1992 and 2020. Data has been weighted to minimise differences due to the change in methodology in 2021. In 2024, respondents were asked about inpatient and outpatient services in a single question (for further details, see methodology).

Satisfaction with inpatient and outpatient hospital services combined in 2024 (32%) was lower than 2023 satisfaction with inpatient hospital services (35%) and outpatient hospital services (44%). This mirrors the trend between 2021 to 2023, when satisfaction with both services fell.

From 2018 onwards, inpatient and outpatient hospital services had the highest levels of satisfaction and lowest levels of dissatisfaction of any of the NHS services. This now holds true for the combined inpatient and outpatient result.

Accident and emergency

In 2024, satisfaction with A&E services fell significantly compared to 2023, with 19% of respondents saying that they were ‘very’ (3%) or ‘quite’ (16%) satisfied, compared to 31% in 2023. This is a new record low level of satisfaction for accident and emergency services, and the biggest fall in satisfaction of all the NHS services asked about in 2024.



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 933. This question was not asked in 1985, 1988, 1992 and 2020. Data has been carefully weighted to minimise differences due to the change in methodology between 2021 and previous years.

In 2024, 52% of respondents reported being dissatisfied with A&E services. This is a statistically significant increase of 14 percentage points compared to 2023, which includes a statistically significant increase in respondents saying they were ‘very’ dissatisfied (14% in 2023 compared to 25% in 2024).

4 Attitudes to standards, access to services, and staffing in the NHS

Previous years of the BSA have asked questions about why people are satisfied or dissatisfied with the NHS. The topics have reflected key issues that the public say are priorities, including waiting times, access to care, the range of treatments and services available, and staffing levels in the NHS. This year, we have added communicating with patients about things like appointments and test results to this list, reflecting increasing concern around this issue.²⁷

The way the questions are asked has been improved this year. Rather than asking those who are satisfied and dissatisfied separately, everyone in the sample has been asked the same questions. This allows a clearer understanding of what the public sees as the strengths and weaknesses of the health service, and whether sub-groups hold different views.

The change in the way the questions are asked means that this year's results cannot be compared with the results from previous years.

²⁷ Cream J, Wellings D, Wenzel L, Lant J and Pett W (2025) *Lost in the system: the need for better admin.* Report, The King's Fund. www.kingsfund.org.uk/insight-and-analysis/long-reads/lost-in-system-need-for-better-admin

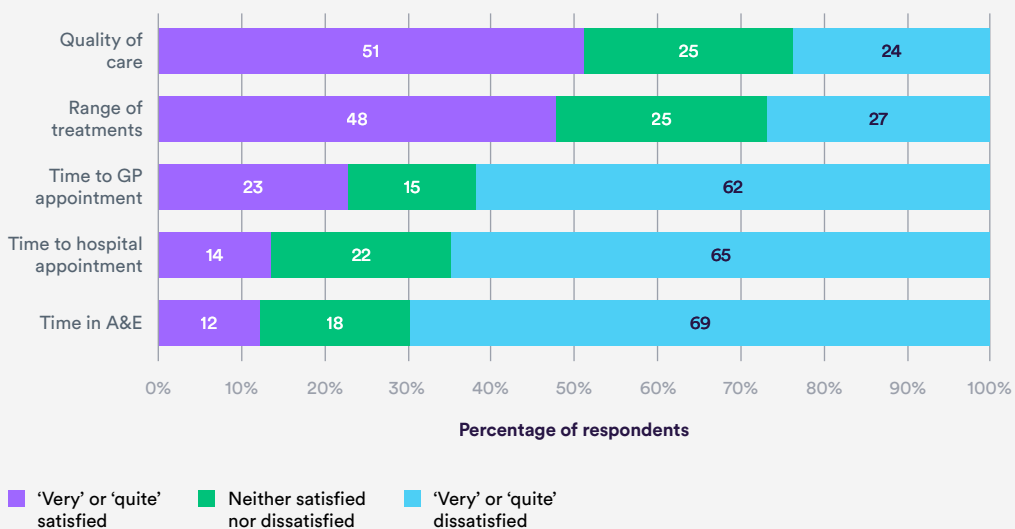
Quality of care, range of treatments and waiting times

Of all of the aspects of care we asked about, the quality of care had the highest levels of satisfaction. Overall, 51% of respondents said they were satisfied with the quality of care provided by the NHS (13% were very satisfied, while 38% were quite satisfied). Only 24% said they were dissatisfied (15% quite dissatisfied, and 8% very dissatisfied). 25% said they were neither satisfied nor dissatisfied.

Overall, 48% said they were satisfied with the range of treatments available (11% were very satisfied and 37% were quite satisfied). 27% said they were dissatisfied (15% were quite dissatisfied and 11% very dissatisfied). Respondents in Scotland were significantly more likely to be dissatisfied with the range of treatments (49%) than those in England (25%).

Figure 12: Satisfaction with the quality of NHS care, the range of treatments, and time waiting for care

Question asked: ‘From what you have seen or heard, how satisfied or dissatisfied would you say you are with each of the following aspects of the NHS nowadays? The quality of care provided by the NHS; the range of treatments and services available on the NHS; the length of time it takes to get an appointment at a GP practice; the length of time it takes to get hospital care; the length of time it takes for someone to be seen in accident and emergency (A&E).’



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 933.

For both quality of care and the range of treatments, respondents aged 65 and over were significantly more likely to be satisfied, and less likely to be dissatisfied, than those under 65. 68% of people aged 65 and over were satisfied with the quality of care, while 63% were satisfied with the range of treatments. While younger respondents were more likely to be satisfied than dissatisfied, this was a minority view in this group with 47% satisfied with quality of care and 44% satisfied with the range of treatments.

The results from our earlier surveys suggest that the public have felt relatively positive about the quality of care and range of treatments in the NHS for some time, and that this influences their general views. For the prior three years, these were consistently in the top three choices for why people satisfied with the NHS felt that way. While people are mainly satisfied with the care they get when they are in the NHS, it is clear that the key challenges are around getting access to that care in the first place.

Three questions were asked about the length of time people have to wait for NHS care:

- The length of time it takes to get an appointment at a GP practice
- The length of time it takes to get hospital care
- The length of time it takes for someone to be seen in A&E.

Across all three, the levels of satisfaction were significantly lower than for either the quality of care and range of treatments available.

23% of respondents said they were satisfied with the length of time it takes to get an appointment at a GP practice, while 62% said they were dissatisfied. 14% of respondents said they were satisfied with the length of time it takes to get hospital care. 65% said they were dissatisfied. There were no statistically significant differences between supporters of different political parties or residents of different countries on these questions.

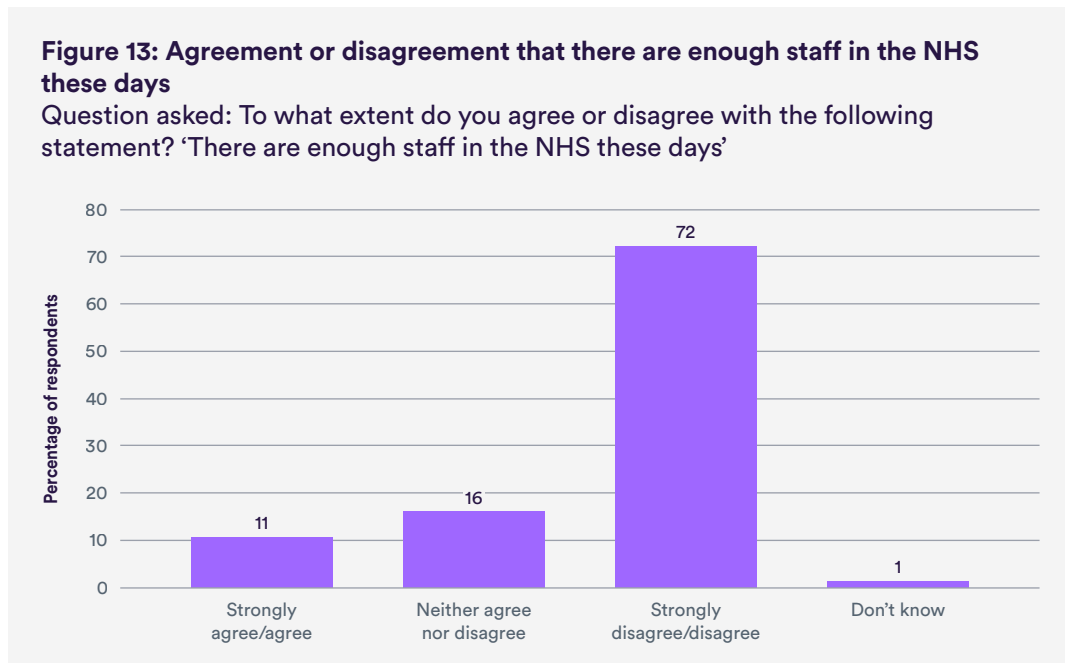
The lowest satisfaction levels of all were regarding the length of time it takes for someone to be seen in accident and emergency. Just 12% of respondents said they were satisfied, while 69% said they were dissatisfied.

Even those who were satisfied with the NHS overall were more likely to be dissatisfied than satisfied with waiting times in A&E. 35% of those who were satisfied with the NHS overall said they were satisfied with A&E waiting times, while 39% of the same group said these were dissatisfied.

Mirroring responses elsewhere, people aged 65 and over were significantly less likely to be dissatisfied with access to all three of these services. 52% of people aged 65 and over were dissatisfied with making a GP appointment, 51% with hospital waits, and 56% with A&E waits, compared to 65%, 68% and 73% of under-65s, respectively.

Staffing levels and communicating with patients

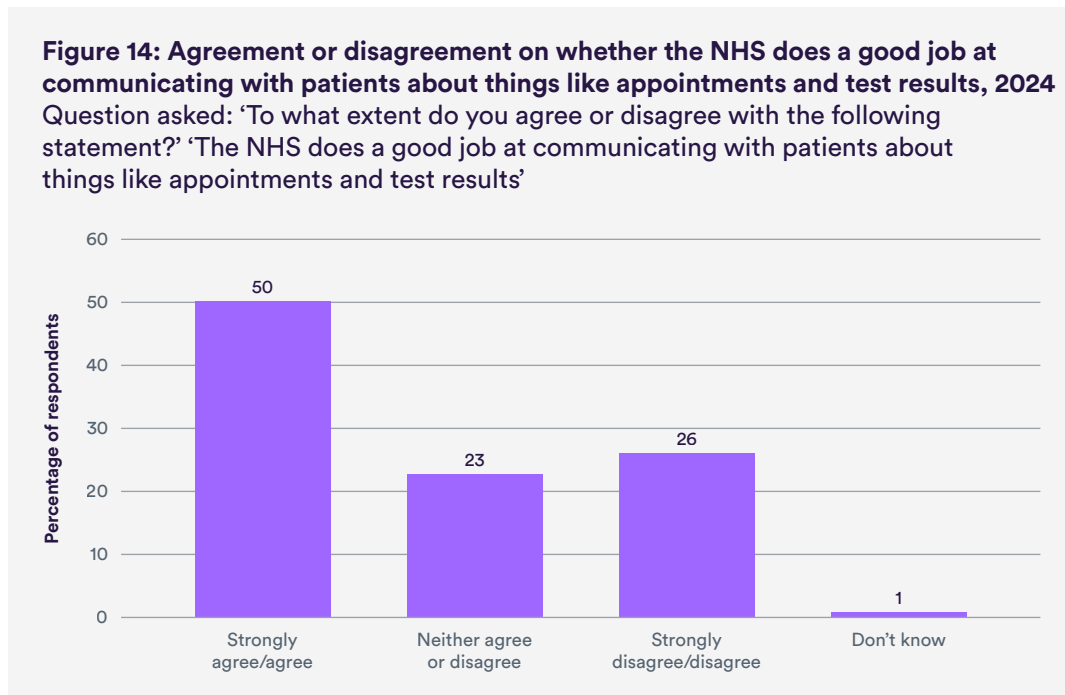
Respondents were asked whether they agreed or disagreed with the statement, ‘There are enough staff in the NHS these days’. 11% agreed, of which 4% strongly agreed. 72% disagreed, of which 34% strongly disagreed.



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 933.

Even those who were satisfied with the NHS overall were more likely to say that there are not enough staff in the NHS. 64% of those who were satisfied with the NHS overall disagreed that there are enough staff in the NHS.

Respondents were also asked to what extent they agreed or disagreed with the statement ‘The NHS does a good job at communicating with patients about things like appointments and test results’. Overall, 50% agreed and 26% disagreed. 23% neither agreed nor disagreed.



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 933.

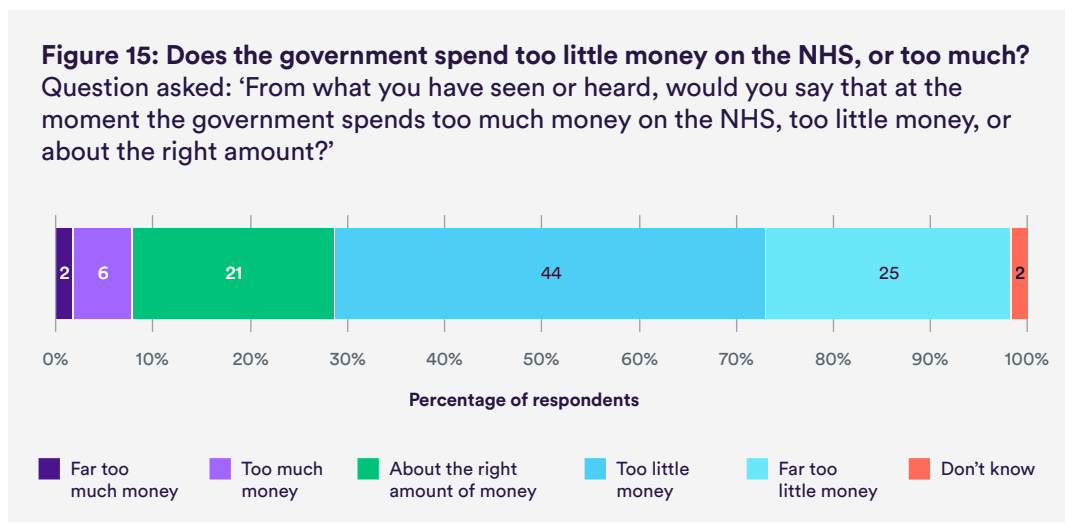
Again, those aged 65 and over were significantly more likely to believe that the NHS does a good job at communicating with patients: 65% agreed or strongly agreed, against 46% of under-65s. Among under-65s, 28% disagreed that the NHS does a good job at communicating with patients, compared to only 17% in the older age bracket.

5 Attitudes to NHS financing and efficiency

Government spending

In 2024, we introduced two new questions to explore public attitudes to NHS spending and NHS efficiency among our sample of 933 respondents. We also repeated a question on taxation and the health service that was asked the previous year.

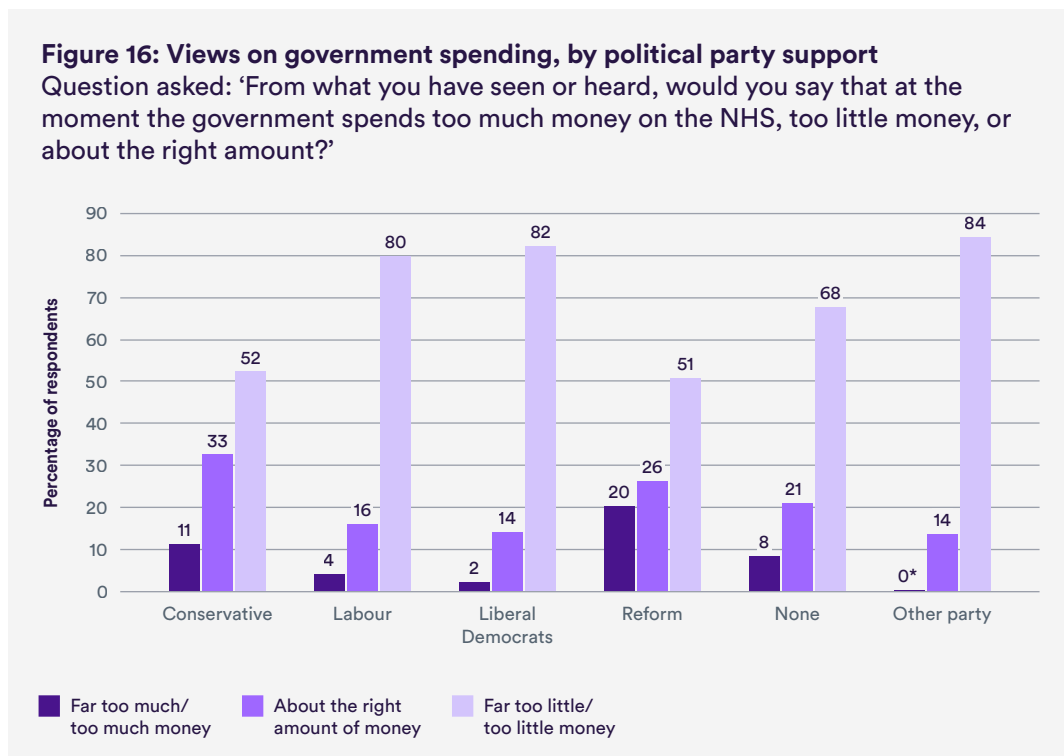
To explore the full range of attitudes to government spending, we asked whether respondents would say that the government spends too little money on the NHS, about the right amount, or too much (see Figure 15). 8% of respondents said that the government spent ‘too much’ or ‘far too much’ money, 21% that it spent ‘about the right amount’, and 69% that it spent ‘too little’ or ‘far too little’.



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 933.

For supporters of all parties, the most selected response was ‘too little’ and the least selected response was ‘far too much’.

However, these responses showed significant variation by political party compared to the survey average. Reform (20%) supporters were more likely to say that too much or far too much was spent on the NHS. Conversely, Conservative (52%) and Reform (51%) supporters were less likely to say that too little or far too little money was spent than Labour supporters (80%). Liberal Democrat supporters were most likely (82%) to believe too little was being spent.



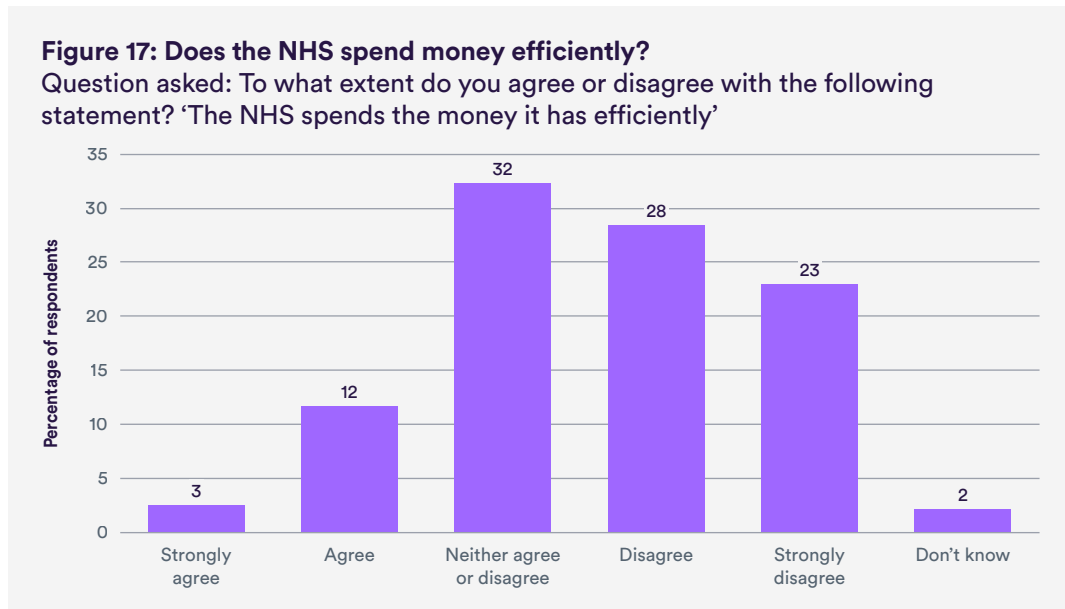
Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 933. 0* has been rounded to zero for disclosure control.

Even when we took age and other variables into account using logistic regression, Conservative and Reform supporters remained less likely to think that the government wasn’t spending enough. The logistic regression also showed that, having taken other factors into account, women were more likely to think that too little was being spent. People in Wales were more likely than those in England to think that too little money was being spent once other factors like age and income were taken into account.

From 2014 to 2023 (except in 2020), a question was put to BSA respondents asking whether the NHS was facing a funding problem. This consistently showed that 80% or more of respondents believed that the health service faced a ‘severe’ or ‘major’ funding problem, except in the first year, 2014, when 72% believed this was the case. Each year, 5% or respondents or fewer said that the NHS did not face a funding problem. Our new question, which allows respondents to express concerns in either direction, provides more direct evidence that the public generally sees spending on the health service as undesirably low.

The public’s opinions of NHS efficiency

Another new question asked respondents to agree or disagree with the statement ‘The NHS spends the money it has efficiently’. 14% of respondents agreed or strongly agreed, 32% neither agreed nor disagreed, and 51% disagreed or strongly disagreed. 23% strongly disagreed with the statement, whereas only 3% strongly agreed.



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 933.

Supporters of the Reform party (71%) were significantly more likely to disagree or strongly disagree than Labour supporters (47%). This result held firm when other factors were taken into account using logistic regression.

From 2015 to 2023 (except in 2020), respondents to the BSA who were dissatisfied were asked to choose up to three reasons for their dissatisfaction. One option provided was ‘Money is wasted in the NHS’. In each of the previous three years, this was the fourth most commonly chosen reason for dissatisfaction, with 32% of those who were dissatisfied selecting it in 2023.

Tax and spend

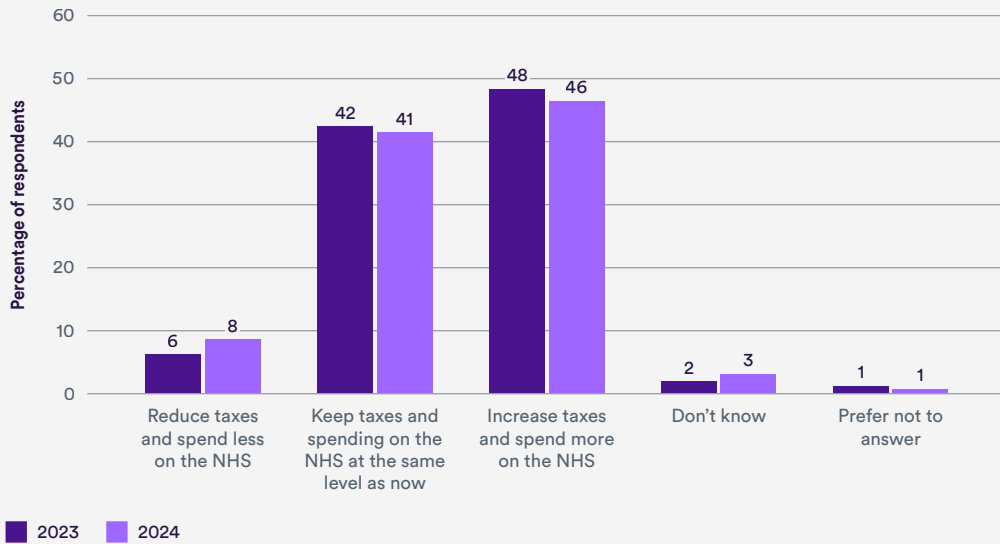
Repeating a question we asked for the first time the previous year, we asked respondents: ‘Suppose the government had to choose between the following three options. Which do you think it should choose?’:

- Reduce taxes and spend less on the NHS
- Keep taxes and spending on the NHS at the same level as now
- Increase taxes and spend more on the NHS

As shown in Figure 18, in 2024, 8% of people favoured reducing taxes and spending less on the NHS. 41% of people favoured continuing at the same level, while 46% favoured increasing taxation and spending.

Figure 18: Options for tax and spending on the NHS in 2024

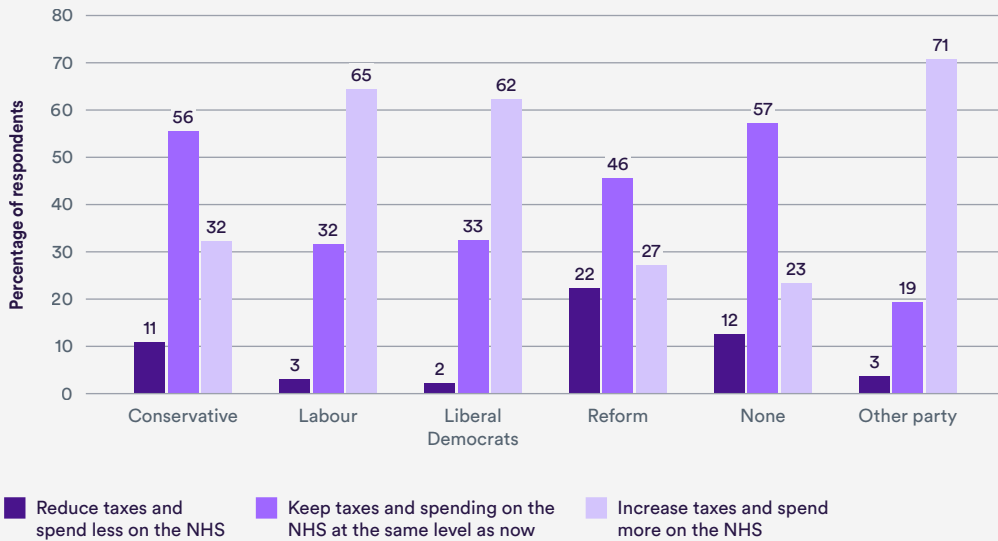
Question asked: 'Suppose the government had to choose between the following three options. Which do you think it should choose?'



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 933.

There were significant divergences between people supporting different political parties on this question. These mirrored the attitudes seen on the question of whether enough, too much, or too little money was being spent on the NHS. 22% of Reform supporters and 11% of Conservative supporters said they would favour cutting taxes and NHS spending, compared to just 3% of Labour supporters. These were statistically significant differences, and when we took other factors into account using logistic regression, Reform and Conservative supporters remained more likely than Labour supporters to favour a reduction in tax and spending on the NHS.

Figure 19: Preferences for tax and spending by political party of support
 Question asked: ‘Suppose the government had to choose between the following three options. Which do you think it should choose?’



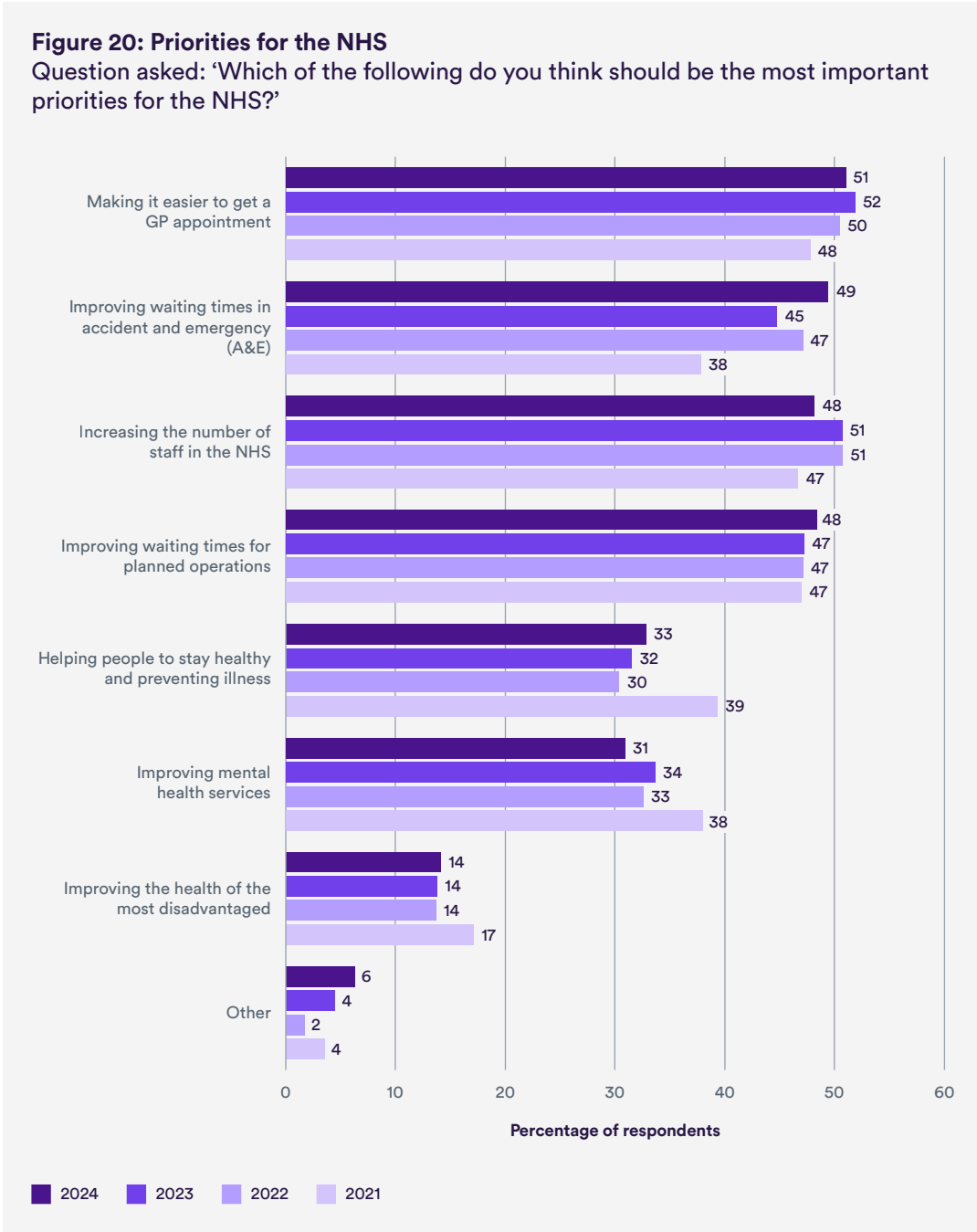
Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 933.

However, each political party’s supporters were more likely to favour increasing taxation and spending than they were to favour a reduction. Our survey closed ahead of the Autumn Budget on 30 October 2024, when the government did increase taxes through employer national insurance and the removal of inheritance tax allowances. It is possible this would have shaped views after the period we captured.

6 NHS priorities and principles

Priorities for the NHS

In a question asked since 2021, respondents were asked to choose what the most important priorities for the NHS should be. They were invited to choose up to three. In 2024, ‘making it easier to get a GP appointment’ and ‘improving waiting times in accident and emergency (A&E)’ were the most commonly selected options (chosen by 51% and 49% of respondents respectively). ‘Increasing the number of staff in the NHS’ and ‘Improving waiting times for planned operations’ were the next two most commonly selected priorities, both chosen by 48% of respondents.



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 933; 2023 sample size = 1,206; 2022 sample size = 1,187; 2021 sample size = 1,039.

There were no significant changes year-on-year in the proportion choosing these options. However, there has been a change in the ranking this year. ‘Making it easier to get a GP appointment’ is unchanged as the priority selected by the largest number of people, but this year ‘improving waiting

times in A&E' is now second, taking over from 'increasing the number of staff in the NHS'. Since 2021 there has been a 12-percentage-point increase in the number of people saying that improving waiting times in A&E is a priority.

Over the same time period there has been a 7-percentage-point drop in the number of people saying improving mental health services should be a priority.

Some statistically significant differences exist between age groups in the priorities most likely to be chosen. As in previous years, those aged 18-64 were more likely to select 'improving mental health services' as a priority, with 34% choosing this, as opposed to 21% of people aged 65 and over. Meanwhile, 60% of respondents aged 65 and above selected 'improving waiting times for planned operations' compared with 45% of those aged 18-64.

Does the British public agree with the principles of the NHS?

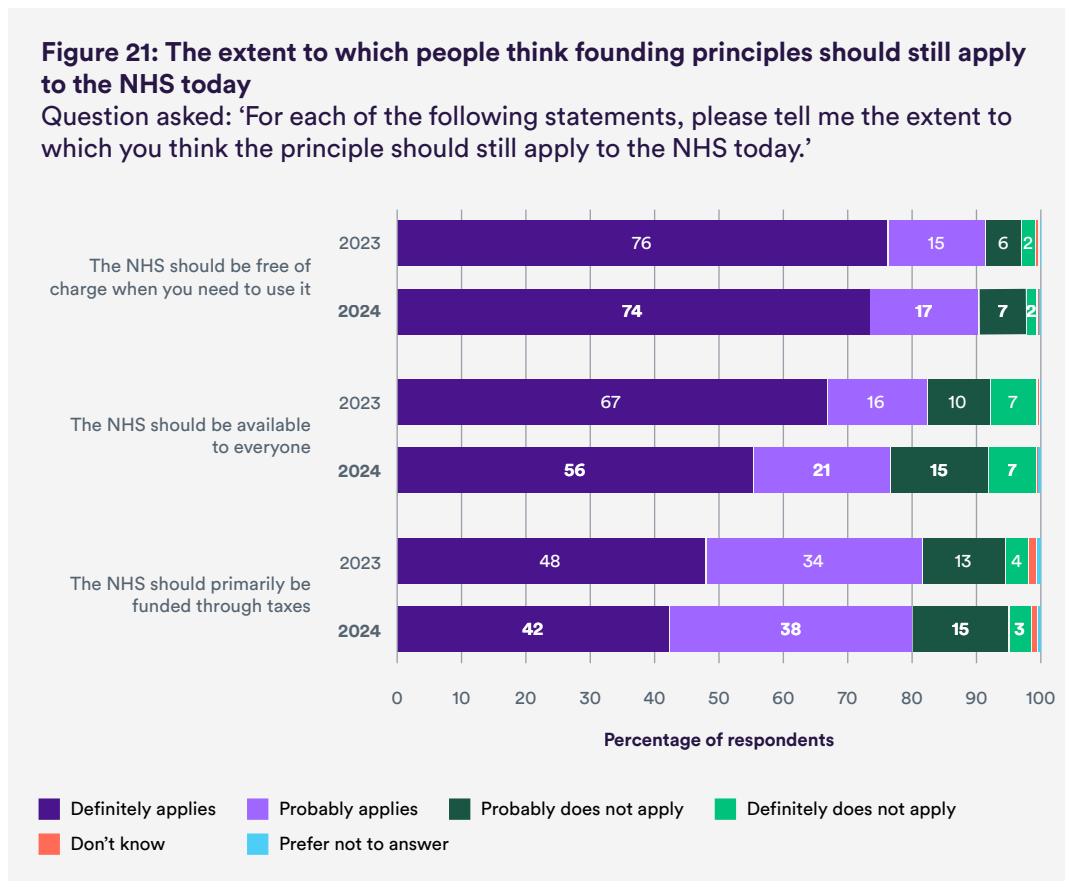
In questions first introduced in 2021, people were asked about the extent to which they thought the founding principles of the NHS should still apply today. These principles are:

- The NHS should be free of charge when you need to use it
- The NHS should be available to everyone
- The NHS should be primarily funded through taxes.

In 2024, 90% said that the NHS should 'definitely' or 'probably' be free of charge when needed, with 74% saying 'definitely' and 17% saying 'probably'. 77% said that it should 'definitely' or 'probably' be available to everyone, with 56% stating 'definitely' and 21% 'probably'. 80% answered that it should 'definitely' or 'probably' be funded through taxes, with 42% saying 'definitely' and 38% 'probably'.

23% believed that the principle of the NHS being available to everyone should ‘probably not’ or ‘definitely not’ apply. 18% felt the principle of tax funding should ‘probably not’ or ‘definitely not’ apply. 9% believed that the principle of the NHS being free at the point of use should ‘probably’ or ‘definitely’ not apply.

There was only one statistically significant difference between 2023 and 2024. The percentage of people saying that NHS should ‘definitely’ be available to everyone has decreased from 67% in 2023 to 56% in 2024. The same question shows an increase in the percentage of people who think it should ‘probably not’ apply, from 10% in 2023 to 15% in 2024.



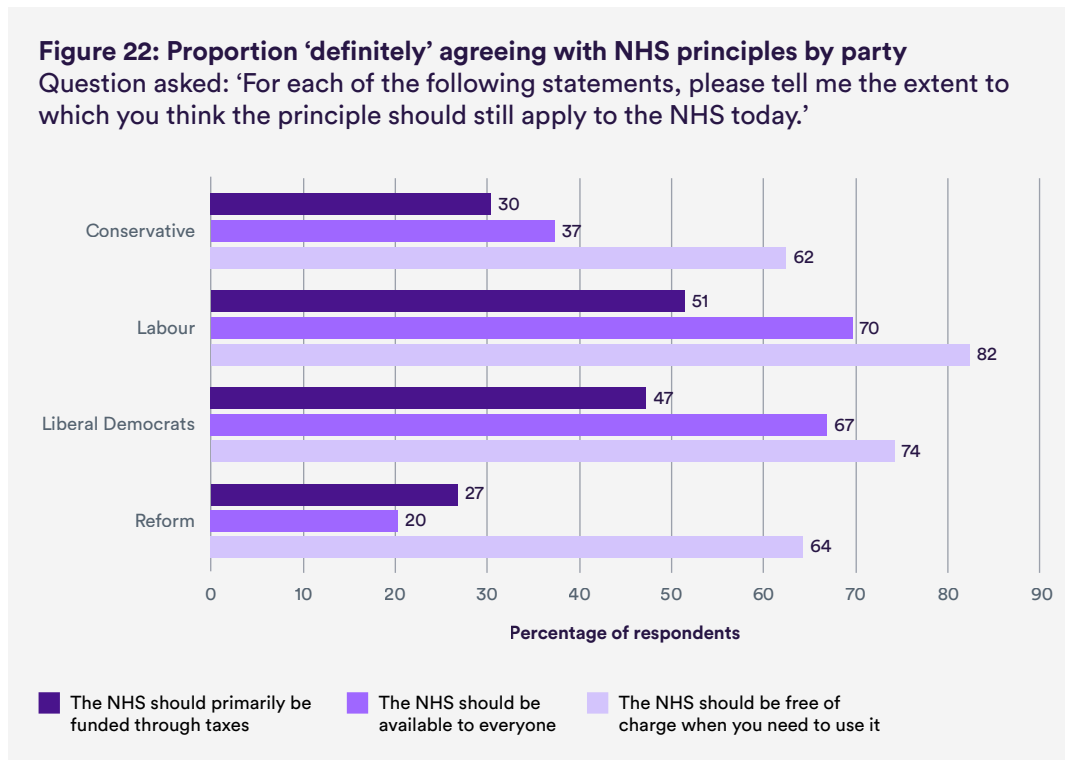
Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 933. ‘Don’t know’ and ‘refusal’ responses are not shown as consistently selected by less than 2% of respondents. Figures have been rounded to the nearest whole number.

There are significant differences across supporters of different political parties. Supporters of the Labour Party were significantly more likely to say the NHS should ‘definitely’ be free of charge when you need to use it compared to the overall survey average (82% compared to 74%). Supporters of the Conservative Party and Reform were significantly less likely than supporters of the Labour Party to say it should ‘definitely’ be free of charge (62% and 64% respectively).

Labour supporters were also significantly more likely than the overall survey sample to say that the NHS should ‘definitely’ be available to everyone (70% compared to 56% overall). Supporters of the Reform party were significantly less likely to say the NHS should ‘definitely’ be available to everyone (20%).

Supporters of both the Conservative Party (30%) and Reform (27%) were less likely to say that NHS should ‘definitely’ be primarily funded through taxes than Labour supporters (51%).

There were no significant differences between Liberal Democrat supporters and Labour supporters across any of the principles.



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2024 sample size = 933.

7 Conclusion

This year's results show that the startling collapse in public satisfaction with both the NHS and social care has continued. Satisfaction with the health service is now 39 percentage points lower than it was before the Covid-19 pandemic in 2019. Dissatisfaction with the NHS has climbed further to 59%, a record level never seen before in this survey's 41-year history. Meanwhile, satisfaction with social care appears to have plateaued at a low of 13%.

The BSA tells us nothing of the individual stories that sit behind these results, but everything about how the public is feeling about the NHS and social care, offering fascinating insights into their views on priorities for the NHS and the principles that underpin it. For the first time this year, we also provide insight into how the public feels about different aspects of the health service: the quality of care provided, the numbers of staff providing it, efficiency and funding, and how it communicates with patients.

This allows us to see beyond headline dismay to the complex, nuanced views that lie behind it. Deep dissatisfaction with the length of time it is taking for people to access care, and real concern about levels of funding and staffing sit alongside enduring support for the NHS and its core principles, and strong belief in the quality of care.

Our analysis reveals divergence in many areas: along party political lines, with Reform supporters least satisfied overall with the NHS; new evidence of divergent views between the under-65s and those aged 65 and over when it comes to quality of care; and clear findings that Welsh respondents held less positive views on both the NHS and social care, relative to the average across Britain.

But little divergence is found when looking at the public's attitudes towards waiting for care: just 12% of respondents were satisfied with the length of time it takes someone to be seen in A&E and 23% of respondents were satisfied with the length of time it takes to get a GP appointment. These were similar regardless of political affiliation or country of residence. When seen alongside

the clear support for prioritising improved GP and A&E access and the sharp rise in dissatisfaction with A&E services, the public is clear: deteriorating access to core services is causing sharp distress across every group in Britain.

In some ways, a consensus has grown stronger. Just weeks after the newly elected government declared that the NHS is broken, we should not be surprised that, contrary to the usual historic pattern, supporters of the governing party are no more positive about the state of the health service than supporters of the outgoing Conservatives.

Even on the question of NHS spending, where real political distinctions exist, a majority of supporters of every political party share the view that too little money is spent on the health service. At the same time, most disagree that it spends its existing budget well.

The public agrees that the NHS is broken, but in particular ways – above all because of waiting times, staffing and money. The government faces the daunting prospect of addressing these concrete concerns at a strained and unstable time if it is to reverse what we can now see has been a tectonic shift towards disillusionment with Britain's national health services.

Methodology

From 1983 to 2019, NatCen selected addresses at random from the postcode address file (a list of all mail delivery points in Great Britain kept by the Royal Mail), and NatCen interviewers visited these addresses. After randomly selecting one adult at the address, the interviewer carried out an hour-long interview. The participant answered most questions by selecting an answer from a list on showcards.

With the need to move to remote completion of the questionnaire while social distancing measures for Covid-19 remained in place, in 2020 participants continued to be selected at random from the postcode address file as before but were then sent an invitation asking up to two adults to participate via an online survey or over the telephone if they preferred (or were unable to take part online). In 2021, 2022, 2023 and 2024 participants were again offered the option of taking part online or by telephone only. The fieldwork for the 2024 survey was conducted between 16 September and 27 October. In 2024, NatCen extended the BSA sample to people from Northern Ireland and 16- and 17-year-olds. To ensure comparability with previous years, our analysis excluded under-18s and people in Northern Ireland, and used weights calibrated to the adult population of England, Scotland and Wales.

NatCen, the survey organiser, has made efforts to minimise the possible impact of the change in survey methodology. The data is weighted to correct for any unequal probabilities of selection, and for biases caused by non-response from different households selected for the survey. The weighted sample was calibrated to match the population in terms of age, sex, education, ethnicity and region. Additionally, surveys from 2020 onwards were conducted on the same methodology and so are directly comparable and showed falls in overall satisfaction with the NHS. The falls in satisfaction with individual services are consistent with this overall fall in satisfaction. For these reasons, we feel confident in making comparisons in this report with earlier years of the BSA survey. As with any sample surveys, though, readers should exercise general caution when comparing results with earlier years.

The achieved sample size for the overall NHS satisfaction question and the social care satisfaction question was 2,945 in 2024. For questions about satisfaction with specific NHS services, aspects of NHS care, funding, priorities and principles, the sample size was 933.

Survey demographics

The BSA collects a number of demographic variables from respondents. Below are some definitions of these variables.

Monthly household income: Respondents were asked to place themselves into banded income quartiles based on their average pre-tax monthly household income.

Ethnicity: Respondents were asked to self-identify their ethnicity, which due to small sample sizes are then summarised into just four categories: White, Black, Asian, and mixed/other. The survey results are carefully weighted to be representative of the ethnic mix of the British public. Due to small sample sizes of some ethnic minority groups (e.g. 70 Black respondents), caution should be taken with interpreting the statistical significance of results for this group. These samples are not necessarily representative of the relevant ethnic group.

Country: For the overall NHS and social care satisfaction questions, the 2024 sample sizes for the three countries were 2,519 in England, 225 in Scotland, and 201 in Wales. The survey results are carefully weighted to be representative of the British public but are not weighted for the individual countries.

Political affiliation: Respondents are asked to identify with a political party on one of three counts: if they consider themselves a supporter of a political party; if they see themselves as closer to one political party than another; or the party they are likely to support in the event of a general election.

Statistical significance

If a change or difference in attitudes is statistically significant, we can be 95% confident that the survey result reflects a real change or difference in public views rather than being down to chance.

Figure rounding

Text and data labels within the charts have been rounded to the nearest whole number.

Logistic regression

As well as looking at differences in NHS and social care satisfaction by population group, this report sought to understand whether these differences held when controlling for other factors. To achieve this, we used weighted logistic regressions. All logistic regression models controlled for age, sex, ethnicity, household income, country and political affiliation. Statistical significance was assessed at the 95% level.

Topics

The topics covered by the full BSA survey change from year to year, depending on the identities and interests of its funders. Some questions are asked every year, some are asked every couple of years, and others are asked less frequently.

Funding

The full survey is funded by a range of charitable, academic and government sources that change from year to year. The survey is led by the National Centre for Social Research (NatCen). NatCen carries out research in the fields of social and public policy.

Questions

This year, the wording of the question on satisfaction with GP services changed slightly, to futureproof the question as the way we refer to seeing our GP changes. The wording changed from referring to “local doctors or GPs” to “local doctors or GP services”.

In 2024, the survey asked people about their satisfaction with inpatient and outpatient services together, to reflect that the public often does not differentiate between these two types of hospital care.

All new and reworded questions were tested with respondents before the main stage of fieldwork. This cognitive testing confirmed that survey questions captured what they were intended to capture and were well-understood by a range of respondents.

The exact wording of the social care satisfaction question has changed over the years. Questions asked were:

2021–24: ‘From your own experience, or from what you have heard, how satisfied or dissatisfied are you with social care for people who cannot look after themselves because of illness, disability or old age?’

2012–19: ‘And how satisfied or dissatisfied are you with social care provided by local authorities for people who cannot look after themselves because of illness, disability or old age?’

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