November 2019

General election 2019 polling for the Health Foundation

Public perceptions of the NHS and social care

Ipsos MORI Public Affairs

Contents

1. Introduction

This report presents the findings of a research project commissioned by the Health Foundation and conducted by Ipsos MORI. This chapter outlines the objectives of the survey, along with the methodology employed and a note about the presentation and interpretation of the data.

1.1 Objectives of the survey

The NHS is playing a significant role in the 2019 general election campaign, with more of the public saying that the NHS is the most important issue in helping them to decide which party to vote for than any other issue (62%)[1]. The Health Foundation has commissioned general public polling at previous general elections in 2015 and 2017, and around the NHS' 70th anniversary in 2018, and wanted to conduct further public perceptions research to add to its 'library'. This includes updating some trend data from previous years, as well as collecting new data on emerging issues.

The topics asked about include:

- Views of standards of care in the NHS and social care, both in the past year and optimism or pessimism about standards over the following year.
- Perceptions of the key issues facing the NHS.
- Views on some of the principles underpinning the NHS.
- Priorities for public spending and for spending within health, including how the NHS should maintain current services and the options for funding social care.
- Views of the potential impact of Brexit on the NHS, and the future of EU health and social care workers.

1.2 Methodology

The survey questions were placed on the Ipsos MORI Capibus survey, a weekly face-to-face omnibus survey of a representative sample of people aged 15 and over in Great Britain.

Fieldwork took place between 8 and 17 November 2019. A total of 1,990 people were interviewed via Capibus in Great Britain. Quotas were set and data weighted[2] to ensure a nationally representative sample of people aged 15 and over. Quotas were based on age, gender and working status within region. Data are weighted on age, region, social grade and working status within gender, and tenure and ethnicity overall.

Throughout the report findings will highlight, and make reference to, different sub-groups based on responses to certain questions. When interpreting the survey findings, it is important to remember that the results are based on a sample of the population, not the entire population. Consequently, results are subject to margins of error, and not all differences

[1] https://www.ipsos.com/sites/default/files/ct/news/documents/2019-11/november-2019-w3-ge2019-campaign-tracker-topline_261119.pdf

[2] When data collected from survey participants are adjusted to reflect the profile of the actual population, this is called weighting.

between sub-groups are statistically significant (i.e. a real difference). Fur further information, please refer to the appendices.

1.3 Note about presentation and interpretation of the data

This report presents the data from the latest survey, conducted in November 2019. Data for some questions are compared with data from previous surveys in 2015, 2017 and 2018 to give an indication of any changes that have occurred since then. The 2018 survey was conducted across the UK, while the 2019 survey was conducted across Great Britain. In order to only have one set of data for the 2018 survey in circulation, this report compares GB and UK data for those questions repeated from 2018. However, the inclusion of Northern Ireland makes very little difference to the overall findings as it represents only three per cent of the survey sample.

Differences in results to the same question from different waves of the survey have to be of a certain size in order to be statistically significant. When it states in this report that a finding has increased or decreased compared with a previous survey, this increase or decrease will be statistically significant at the 95% confidence interval. When it states in this report that a finding has not changed since the previous wave, but the two percentages quoted are different, this is because the difference between the two percentages is not large enough to be statistically significant at the 95% confidence level.

This report also comments on differences in the data between different sub-groups within the total sample surveyed in this wave, for example, differences in views between men and women. Again, a difference has to be of a certain size in order to be statistically significant and only differences which are statistically significant at the 95% confidence level are commented on in this report.

Only sub-groups comprising 100 or more participants are commented on in this report. It should be noted, however, that the smaller the size of the sub-group, the less we can rely on the survey estimates to be truly representative of the population as a whole. Findings for groups with as few as 100 participants can be subject to confidence intervals of +/-10% (please see appendix 12.3 for more details).

In addition to being statistically significant, only sub-group differences which are interesting and relevant to the question being analysed are commented on in the report.

Survey participants are permitted to give a 'don't know' answer to each of the questions and these responses are not excluded from the analysis. These responses are referred to in the report where they form a substantial proportion.

Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of 'don't know' categories, or participants being able to give multiple answers to the same question. Throughout the report an asterisk (*) denotes any value of less than half of 1% but greater than 0%.

Where this report refers to figures for those who think standards are 'better', for example, this is an aggregate sum of those who say standards are 'much better' and those who say standards are 'slightly better'. In turn, figures for 'getting worse' figures refer to an aggregate sum of those who say standards are 'much worse' and those who say they are 'slightly worse'.

2. Perceptions of the NHS and social care

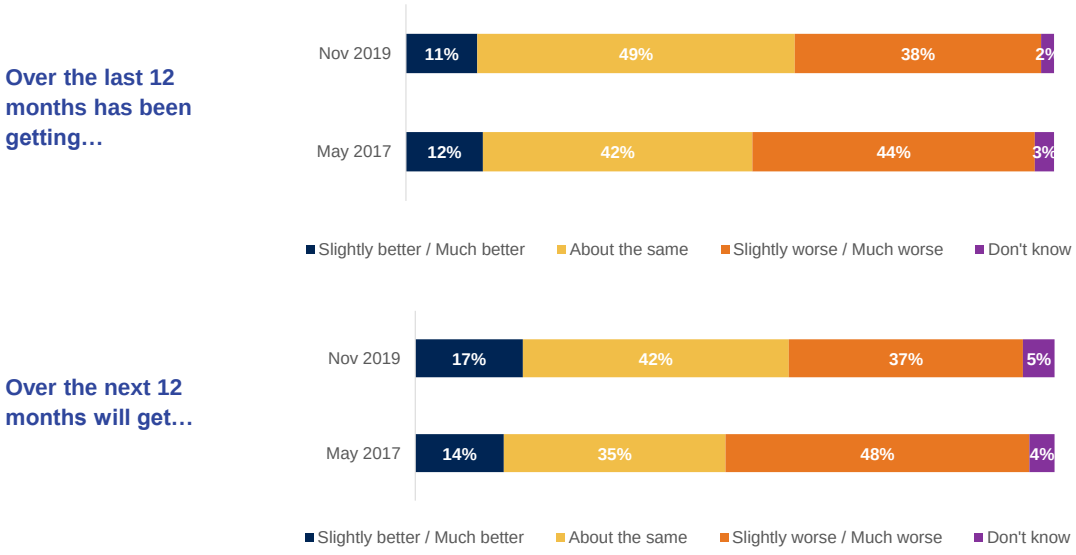
This chapter outlines overall perceptions of the NHS and social care. It starts by looking at views of how standards of care have changed over the past 12 months, and optimism or pessimism for how they will change over the next 12 months. It also looks at views of the biggest problems facing the NHS, and perceptions of some of the principles underlying the NHS such as being tax funded, free at the point of use, and providing comprehensive care for all citizens.

2.1 Optimism and pessimism about the NHS and social care

Around half of the public feel that the standard of care provided by the NHS over the last 12 months has stayed the same (49%), while only a small minority feel that it has improved. Around one in ten people say that the standard of care has got better (11%), and this has not changed significantly since 2017 (12%). However, the proportion saying that care has got worse has decreased over the last two years (from 44% in 2017 to 38% in 2019).

Similarly, when thinking about the future, the public are slightly less pessimistic than they were in 2017. While almost two in five think the standard of care will get worse over the next 12 months (37%), this is lower than in 2017 (48%). Around two in five think it will stay the same (42%), while just under one in five think it will get better (17%).

I'd now like you to think about your own experience and everything you have seen, heard or read recently. Do you think the general standard of care provided by the NHS:



Bases: Nov 2019: 1,990 GB adults aged 15+, interviewed between 8th-17th November 2019.
May 2017: 1,985 GB adults aged 15+, interviewed between 5th-15th May 2017.

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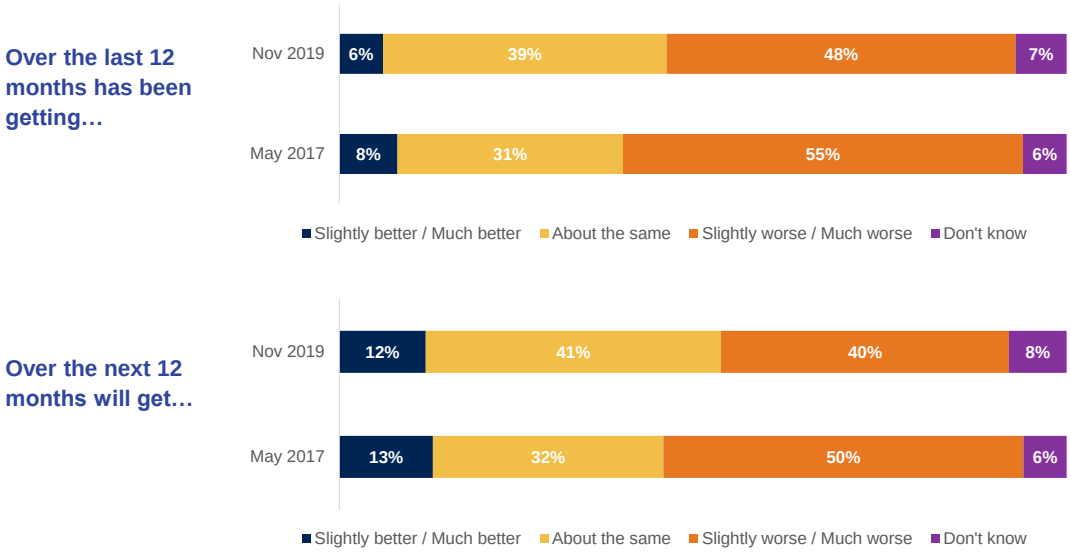
People who have used an NHS service in the last year and people with disabilities are particularly negative about the standard of services over the last year, which is concerning as they may actually have seen declines in standards rather than making assumptions about them (for example, based on media coverage). While 39% of NHS service users think standards have got worse, this falls to 29% of people who have not used an NHS service. Similarly, nearly half of people with a disability (46%) think standards have got worse, compared with 37% of those who do not have a disability.

Other groups that are more likely to think it has got worse include women (42%), people aged 55 to 64 (44%), in social grade C1 (41%), and Labour voters (48%, compared with 38% overall). The same groups of people are also pessimistic about services over the next year. For example, 38% of NHS service users think the standard of care will get worse, compared with 28% of people who have not used NHS services recently.

The public are more negative about the standard of social care over the last year than about the standard of care in the NHS. Nearly half (48%) think the standard of social care has got worse over the last 12 months, while a further 39% think standards are about the same. Only six per cent think standards of social care have improved. However, again, the public are more positive than they were in 2017, when 55% thought standards of social care had got worse. They are also more optimistic about the next 12 months, and more in line with views of NHS standards. People are divided on whether the standard of social care will stay about the same (41%) or get worse (40%), but this represents an improvement from 2017 when half (50%) thought standards would get worse.

I'd now like you to think about your own experience and everything you have seen, heard or read recently. Thinking specifically about social care, do you think the general standard of social care in the UK:



Bases: Nov 2019: 1,990 GB adults aged 15+, interviewed between 8th-17th November 2019.
May 2017: 1,985 GB adults aged 15+, interviewed between 5th-15th May 2017.

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There is some overlap in views of specific groups of the population on social care and NHS standards. Women (51%) and people with disabilities (55%) are particularly likely to think the standard of social care has been getting worse (compared with 48% overall) and women are more pessimistic about the next 12 months (42%, compared with 37% of men). People aged 45 and over are particularly negative about the standard of social care over the last 12 months (54% say they have got worse, compared with 48% overall) while those aged 35 to 64 are most pessimistic about the next 12 months (46%, compared with 40% overall).

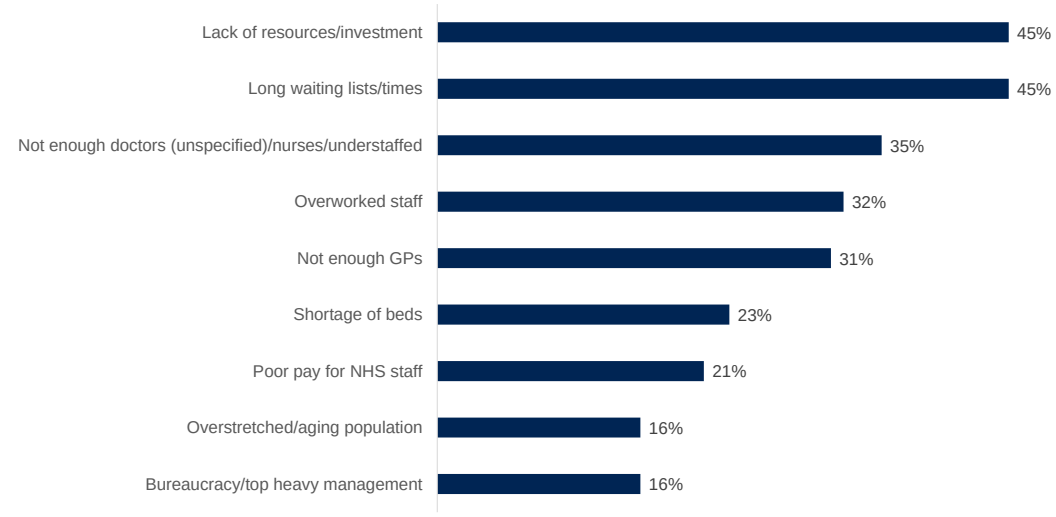
Users of social care services have varying views. Both groups (those who have used services personally and those who know someone who uses them) are more likely to think that the standard of services has been getting worse rather than staying the same or getting better. However, personal users are more likely than others to say standards have been getting better (10%, compared with 6% overall) while those who know someone else who uses service are more likely to

say standards have been getting worse (59%, compared with 48% overall). A similar picture holds for views of standards of social care over the next 12 months.

2.2 Perceptions of the problems facing the NHS

The public believe that the biggest problems facing the NHS are a lack of resources or investment and long waiting lists/times (both 45%). The public also seem to be aware of the workforce challenges facing the NHS, with other frequently cited problems including there not being enough NHS staff (35%), staff being overworked (32%) and there not being enough GPs (31%).

Overall, what do you see as the biggest problems facing the NHS? (Top 9)



Base: 1,990 GB adults aged 15+, interviewed between 8th-17th November 2019

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There are differences in perceptions among different groups, including:

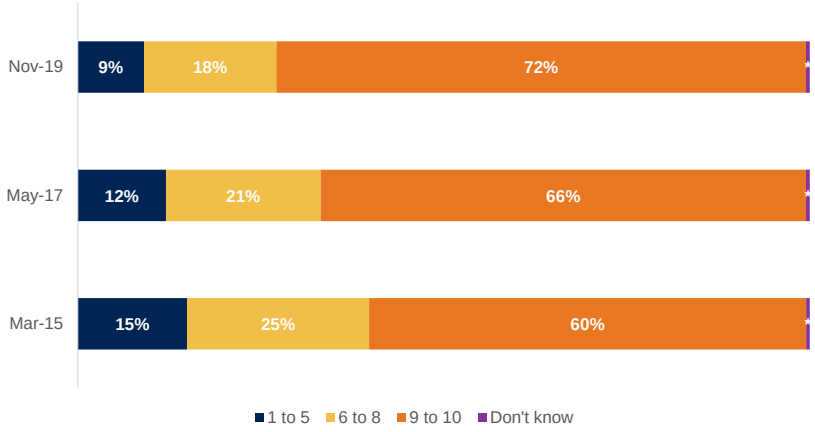
- Younger people aged 15 to 44 are particularly likely to think that long waiting lists is an issue (54%, compared with 45% overall). They are also more likely than others to cite privatisation (18%, compared with 11% overall) and public health problems (16%, compared with 11% overall).
- Older people aged 65 and over are most likely to say there not being enough GPs is the biggest problem (36%, compared with 31% overall).
- People in social grades A, B and C1 are particularly likely to point to a lack of resources or investment (52%, compared with 45% overall) and privatisation (15%, compared with 11% overall). Those in social grades A and B are also more likely to mention political influence (16%, compared with 11% overall) and an overstretched or aging population (24%, compared with 16% overall).
- In contrast, for people in social grades D and E, long waiting times are seen as the main issue (54%, compared with 45% overall) and more so than a lack of resources or investment (33% among those in social grades D and E, compared with 45% overall).

- Patients who have used NHS services in the last year are more likely than non-users to cite a number of issues. This fits with the finding that NHS service users are more pessimistic about the standard of NHS services. Particularly large differences are seen for a lack of resources or investment (47%, compared with 31% of those who have not used NHS services) and there not being enough GPs (33% compared with 19%).

2.3 The principles underpinning the NHS

There continues to be strong support for the principles underpinning the NHS; a national health system that is tax funded, free at the point of use, and provides comprehensive care for all citizens. Seven in ten of the public (72%) agree strongly (nine or ten out of ten) with this principle. This view has also continued to strengthen, up from 60% in 2015, showing that the public feel as strongly connected to the principles underpinning the NHS as ever.

On a scale of 1 to 10, where 1 is strongly disagree and 10 is strongly agree, please say how much you disagree or agree with the following statement…?
The government should support a national health system that is tax funded, free at the point of use, and providing comprehensive care for all citizens



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March 2015: 1,792 GB adults aged 15+, interviewed between 13th and 23rd March 2015.

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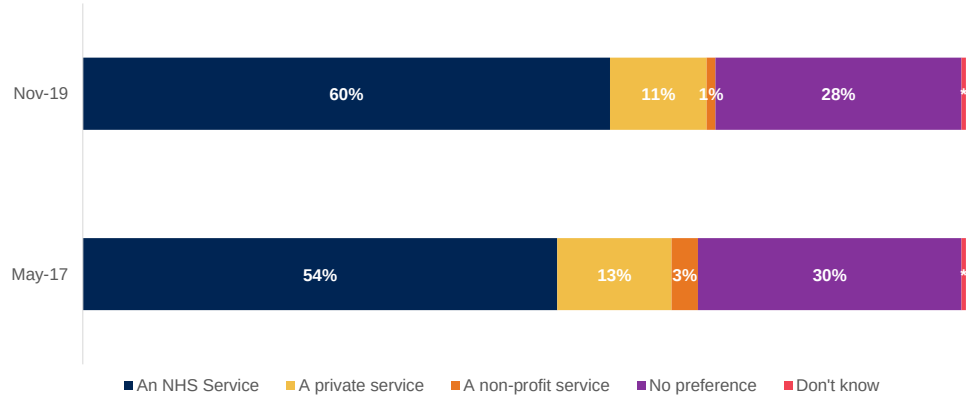
People in social grade A are particularly likely to agree with this principle (76% rate this as a nine or ten out of ten, compared with 72% overall). While Labour supporters also strongly agree the government should support a national health system that is tax funded, free at the point of use, and provides comprehensive care for all citizens (81%), Conservative supporters are more agnostic towards it (64%).

There is also a strengthening position on who the public would prefer to receive hospital treatment from if the treatment was being paid for by the NHS. Three in five would prefer to receive treatment from an NHS service (60%), a significant increase since 2017 when it was 54%. Currently around three in ten have no preference (28%), while one in ten would prefer a private service (11%).

Imagine you were a patient about to have hospital treatment and that this treatment was being PAID FOR by the NHS. Would you prefer to receive the treatment from…?



Bases: Nov 2019: 1,990 GB adults aged 15+, interviewed between 8th-17th November 2019.
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Women and people aged 65 and over are particularly likely to prefer an NHS service (63% and 66% respectively, compared with 60% overall), as are those who have used an NHS service in the last year (61%, compared with 51% of non-users). Labour supporters also have a strong preference for an NHS service (74%). Conservative supporters would also prefer an NHS service on balance (51%), though they are more likely than others to have no preference at all (32%, compared with 28% overall) or prefer a private service (17%, compared with 11% overall).

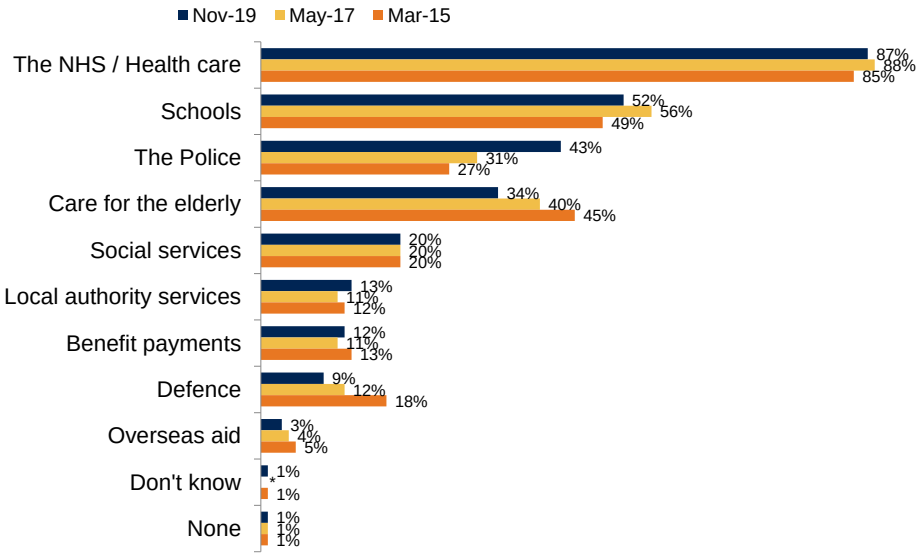
3. Funding of the NHS and social care

This chapter outlines views of funding, looking at wider public spending priorities, priorities for spending to improve the health of the nation, and how the NHS should be funded in the future. It also explores social care funding, including principles such as the fairness of means testing for social care and acceptability of homeowners who need social care having to use the value of their home to pay for their social care. Finally, it explores how the public think social care should be funded.

3.1 Public spending priorities

The NHS remains by far the area of public spending that the public think should be protected from any cuts (87%), in line with previous years. Care for the elderly is the public's fourth priority (34%), after the NHS, schools and the police. It has become less of a priority since 2015, with a steady decline from 45% in 2015 to 34% in 2019.

Which two or three, if any, of the following main areas of public spending do you think should be protected from any cuts?



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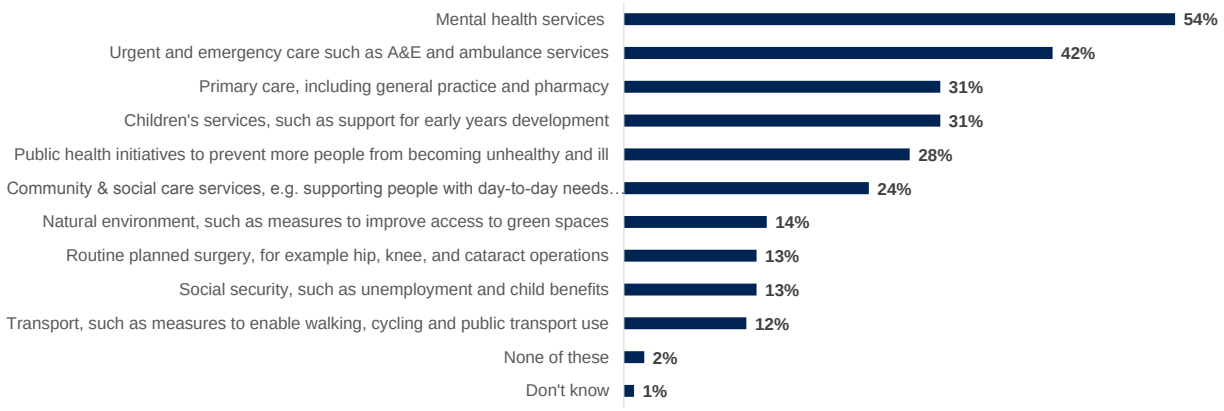
The NHS is the clear priority across all different groups within the population, for example all age groups and social grades. As would be expected, it is a particular priority for funding among those who use NHS services (88% among those who have used an NHS service in the last 12 months, compared with 75% of those who have not).

There is a wider range of views regarding protecting care for the elderly from spending cuts. People aged 55 and over are more likely to identify it as a priority (44%, compared with 34% overall), as are women (40%, compared with 27% of men).

3.2 Funding priorities for a healthy nation

Looking specifically at where spending should be prioritised if the government were to devote more funding to improving the health of the nation, the top priority is mental health services (54%), followed by urgent and emergency care (42%).

If the Government were to devote more funding to improving the health of the nation, which three, if any, of the following do you think it should prioritise in terms of spending?



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The importance placed on mental health is echoed in other surveys that have demonstrated increasing concern about mental health in recent years[3], and polling with The Policy Institute that suggests just one in five (20%) think the health system prioritises mental health to the same extent as physical health, despite four in five (82%) saying the two are equally important[4]. Young people aged 15 to 24 are particularly likely to identify mental health as a priority for funding to improve the health of the nation (65%, compared with 54% overall).

Again, those more likely to use different services are more likely to identify them as a priority. For example, people with children living in their household are more likely than those without to say additional spending should be directed towards children's services (43% compared with 27% of those who do not have children in the household) and older people aged 65 and over are more likely than others to prioritise primary care (36%, compared with 31% overall), community and social care services (34%, compared with 24% overall) and routine planned surgery (22%, compared with 13% overall).

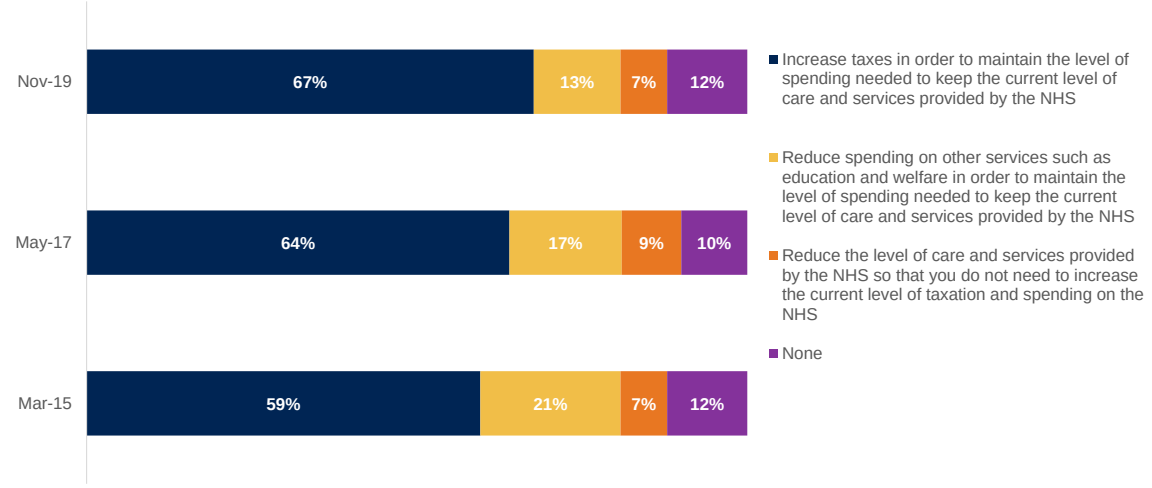
3.3 Funding for the NHS

The NHS is facing funding challenges due to several factors, including the increasing cost of treatments, an ageing population, and a range of other factors. In response to this challenge, a majority of the public continue to favour increasing taxes to maintain the current level of care and services provided by the NHS (67%) to reducing spending on other services (13%) or reducing the level of care and services provided by the NHS (seven per cent). Since 2015, the public has become steadily more likely to favour an increase in taxes (up from 59% in 2015 to 67% in 2019) rather than reducing other services (down from 21% in 2015 to 13% in 2019), perhaps reflecting the impact of austerity on other services.

[3] https://www.ipsos.com/sites/default/files/2018-07/4-nhs-at-70-mental-health.pdf

[4] https://www.kcl.ac.uk/news/four-in-five-say-mental-health-as-important-as-physical-but-just-one-in-five-think-nhs-treats-it-that-way

Many experts argue that it is becoming more expensive to fund the NHS because of increasing costs of treatments, an ageing population and several other factors. This means that even in order to maintain the current level of care and services provided for free by the NHS, spending on the NHS would have to increase. With that in mind, which, if any, of the following would you most like to see?



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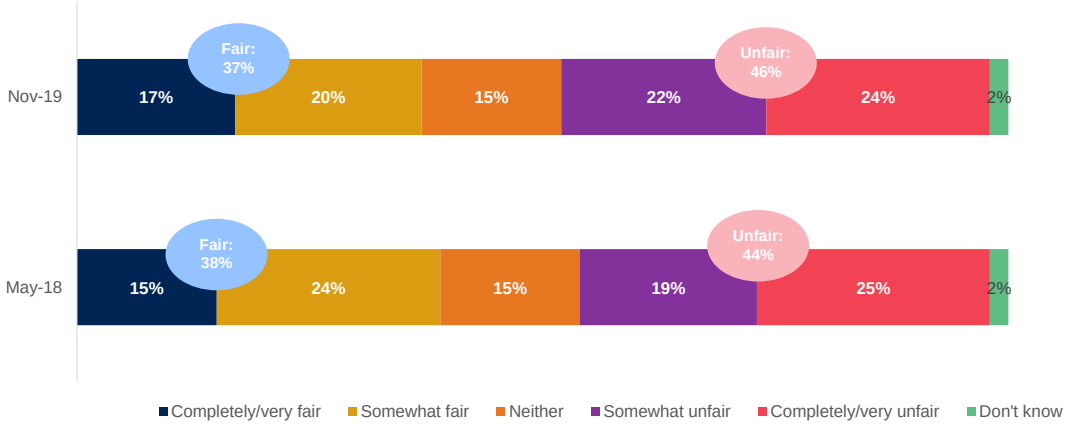
People aged 45 and over are more likely than younger people to say they would like to see taxes being increased to maintain the current level of care and services (73% of those aged 45 and over, compared with 61% of those aged 15 to 44). This is likely to be linked to NHS service use, with 69% of those who have used a service in the last 12 months preferring increased taxes, compared with 51% of those who have not used an NHS service recently. In addition, there is greater support for increasing taxes among people in social grades A, B and C1 (72%, compared with 62% of people in social grades C2, D and E).

3.4 Social care funding

Public views of the fairness of means testing social care (in contrast with NHS services that are free at the point of use) remain divided, albeit that people are a little more likely to think it is unfair than that it is fair. Around one-quarter (24%) think it is very or completely unfair that social care is means tested, while 17% think it is very or completely fair.

At the moment, most NHS services are free at the point of use, paid for by the government through taxation. Social care is largely means tested/Some elements of social care are means tested. How fair or unfair do you think this is?



Bases: Nov 2019: 1,990 GB adults aged 15+, interviewed between 8th-17th November 2019.
May 2018: 2,083 adults 15+ in the UK, interviewed between 11th and 29th May 2018.

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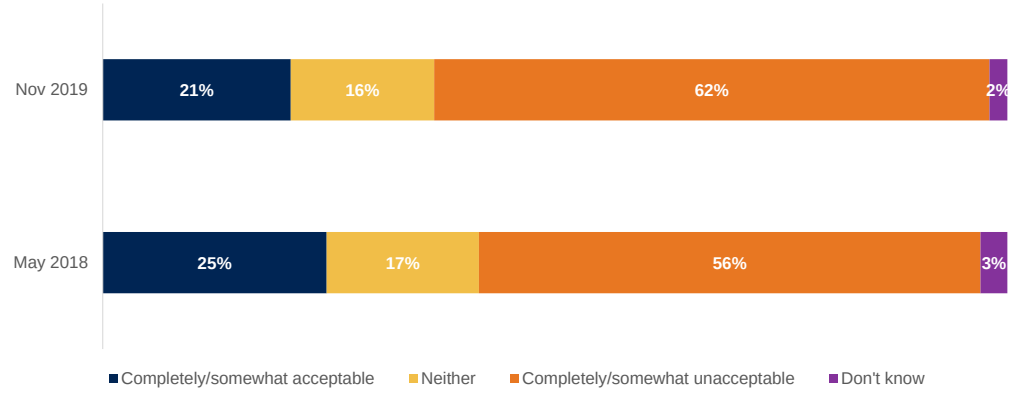
These divisions between means testing for social care being fair or unfair may be linked to low awareness of what social care comprises and how it is funded. Certainly there is far more consensus around the acceptability of homeowners who need social care having to use the value of their home to pay for their social care. Three in five (62%) think this is completely or somewhat unacceptable, while only one in five (21%) think it is acceptable. In addition, it has become less acceptable to use the value of a home since 2018 (down from 25% saying it is acceptable in 2018 to 21% in 2019).

To what extent, if at all, do you think it is acceptable or unacceptable that homeowners who need social care have to use some of the value of their home to pay for their social care?



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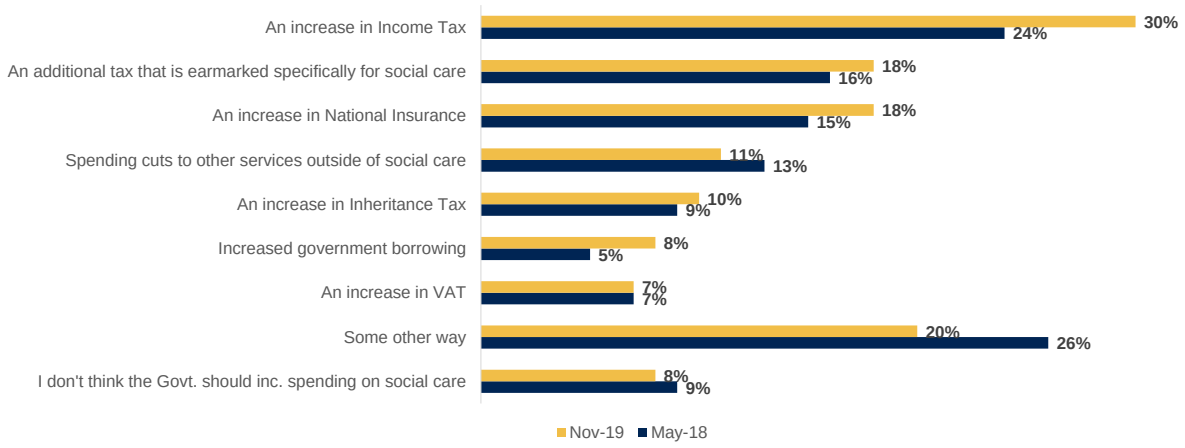
People aged 55 to 64 years are particularly likely to think it is unacceptable to use the value of a home to pay for social care (71%, compared with 62% overall), while those aged 55 and over are more likely to say it is very or completely unfair

that social care is means tested (31%, compared with 24% overall). In contrast, those aged 45 to 54 and in social grades D and E are more likely to think it is acceptable to use the value of a home (27% and 29% respectively, compared with 21% overall).

Those who think the standard of social care has got worse over the last 12 months, or think it will get worse over the next 12 months, are particularly likely to say it is unacceptable for someone to use the value of their home to pay for their social care (68% and 67% respectively, compared with 62% overall) and to say that it is completely or very unfair that social care is means tested (31%, compared with 24% overall). This suggests that they do not see additional funding via individuals paying through means testing as a solution to the challenges facing social care.

If the government decided to increase spending on social care, around three in five favour funding this through some form of tax increase (62%), representing a significant increase since 2018 (51%). Just one in ten think there should be spending cuts to other services (11%), slightly lower than in 2018 (13%). Of the various tax options, an increase in income tax is most preferred (30%), even more so than in 2018 when 24% said increased spending on social care should be funded through income tax. One in five think it should be funded in other ways (20%).

If the government decided to increase spending on social care, how do you think this should be funded?



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Older people are particularly likely to think that increased spending on social care should be funded through increased taxes (69%, compared with 62% overall), as are people in social grades AB and C1 (75% and 65% respectively, compared with 62% overall). While a majority of younger people aged 15 to 34 favour a tax increase, they are more likely than older people to suggest reducing spending on other services (17%, compared with 11% overall).

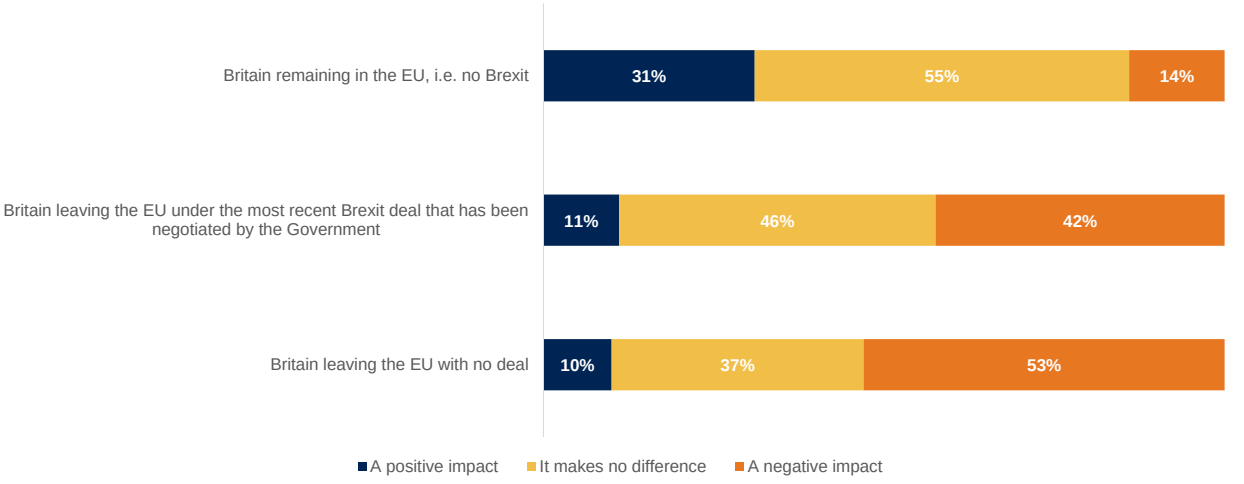
4. The impact of Brexit

This chapter outlines perceptions of the impact of different Brexit outcomes on the NHS, including whether a positive or negative impact or no impact at all, and a more detailed look at what the implications of leaving the EU would be for the NHS. It also considers views of EU NHS and social care workers, and whether they should be able to stay in the UK once the UK leaves the EU.

4.1 The perceived impact of Brexit on the NHS

Participants were asked about their views of the impact different Brexit outcomes will have on the NHS. Only a minority think that any of these outcomes will have a positive impact on the NHS. Britain remaining in the UK is seen as having the least negative impact on the NHS, with only 14% saying it would have a negative impact on the NHS if Britain remains and 55% saying it would make no difference. In contrast, over half think that Britain leaving the EU with no deal will have a negative impact (53%), albeit that a significant minority say it will make no difference (37%). Views are more divided on the impact of leaving the EU with the most recent Brexit deal negotiated by the government; similar proportions say this will have a negative impact on the NHS (42%) or make no difference (46%).

What impact, if any, do you think each of the following will have on the NHS?



Base: 1,990 GB adults aged 15+, interviewed between 8th-17th November 2019

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People aged 15 to 24 are particularly likely to think that leaving the EU will have a negative impact on the NHS, whether the UK leaves with the most recent deal or without a deal at all. Around half think it will have a negative impact on the NHS if the UK leaves with the most recent deal (54%, compared with 42% overall) and two-thirds if Britain leaves with no deal (67%, compared with 53% overall). People aged 45 to 54 years are also more likely than others to point to a negative impact both if leaving with the most recent deal (49%, compared with 42% overall), or with no deal (61%, compared with 53% overall). In contrast, older people aged 55 and over are more positive about the impact of Brexit on the NHS, particularly if leaving with the most recent deal. For example, if leaving with the most recent deal, 16% think there will be a positive impact on the NHS (compared with 11% overall).

There is also a clear social grade divide on views of the impact of Brexit on the NHS. People in social grades A, B and C1 point more often to a negative impact on the NHS. For example, 67% of people in social grades A and B and 57% of people in social grade C1 think that leaving without a deal will have a negative impact, compared with 46% of those in C" and 40% of those in social grades D and E. In contrast, half of people in social grades D and E think it will make no difference (50%, compared with 37% overall) and although people in social grade C2 are more likely to think the impact will be negative rather than it making no difference or having a positive impact, still 15% think it will have a positive impact (compared with 10% overall).

NHS service users tend to be more negative about the impact of Brexit on the NHS, while those not using services are more likely to think it will not make any difference. For example, 54% of service users think the impact of leaving without a deal will be negative, compared with 45% of those who have not used NHS services in the last 12 months. Non service users are as likely to think it will make no difference (47%).

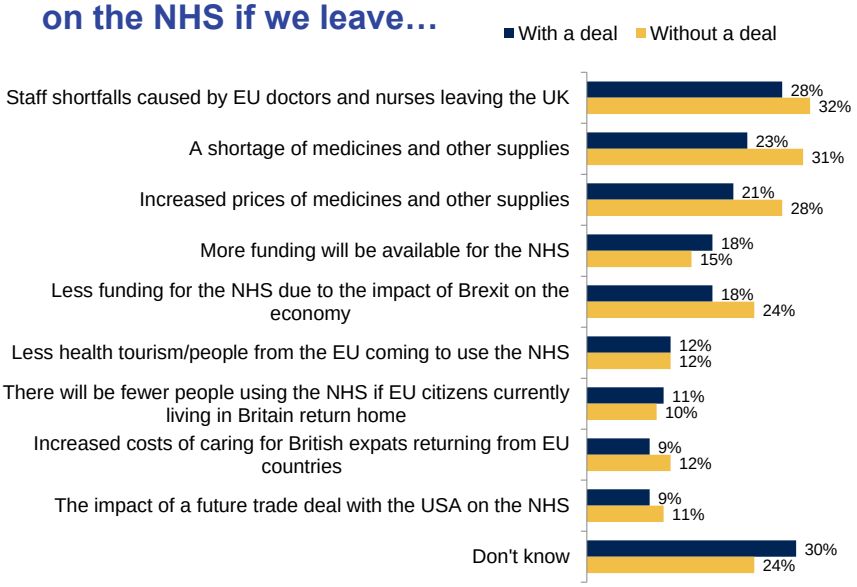
Labour supporters are generally more negative about the impact of Brexit on the NHS than Conservative supporters. For example, three-quarters of Labour supporters think that leaving the EU without a deal will have a negative impact on the NHS (75%), compared with only one-quarter of Conservative supporters (23%), who are more likely to say it will make no difference (54%). One-quarter of Conservative supporters think it will have a positive impact (23%, compared with six per cent of Labour supporters).

When providing further detail about what impact leaving the EU would have on the NHS, 57% of the public mention negative impacts with staff shortfalls caused by EU doctors and nurses leaving the UK (30%), a shortage of medicines and other supplies (27%) and increased prices of medicines and other supplies (25%) the most frequently cited. In contrast, 31% mentioned positive impacts, with the most commonly mentioned including there being more funding available for the NHS (16%), less health tourism or people coming from the EU to use the NHS (12%) and fewer people using the NHS if EU citizens return home (10%).

The impacts are thought to be similar whether participants were asked about leaving with a deal or without a deal[5], although more people who answered about leaving without a deal identify a range of negative impacts, in line with the finding that leaving without a deal was seen to have the largest potential negative impact on the NHS. It is also worth noting that around one-quarter of the public were not able to identify any impact (27%), increasing to 34% among those aged 65 and over and 37% among those in social grades D and E.

[5] Half or respondents were asked about leaving with a deal, while the other half were asked about leaving without a deal.

What, if anything, do you think the impact of the UK leaving the EU would be on the NHS if we leave…



Base: Nov 2019: 1,990 GB adults aged 15+, interviewed between 8th-17th November 2019.

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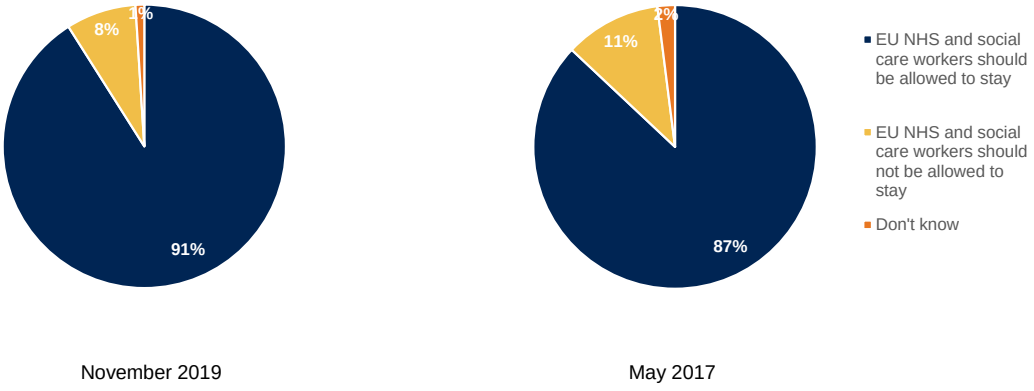
4.2 Brexit and the workforce

Corroborating the finding that staff shortfalls are identified as one of the key potential impacts of Brexit, nearly all of the public say that EU NHS and social care workers should be allowed to stay in the UK when Britain leaves the European Union (91%). The public are even more supportive of this than in 2017, when 87% thought they should be allowed to stay.

At present, there are health and social care workers from within the EU working in the NHS. When Britain leaves the European Union, do you think that these workers should or should not be allowed to stay in the UK?



Bases: Nov 2019: 1,990 GB adults aged 15+, interviewed between 8th-17th November 2019.
May 2017: 1,985 GB adults aged 15+, interviewed between 5th-15th May 2017.

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There are fewer differences between groups of people in their views of the NHS and social care workforce staying in the UK than in their views of the impact of Brexit, although people in social grades A, B and C1 are more likely to say they should be allowed to stay (95%, compared with 91% overall). Opinions are relatively stable when comparing people who

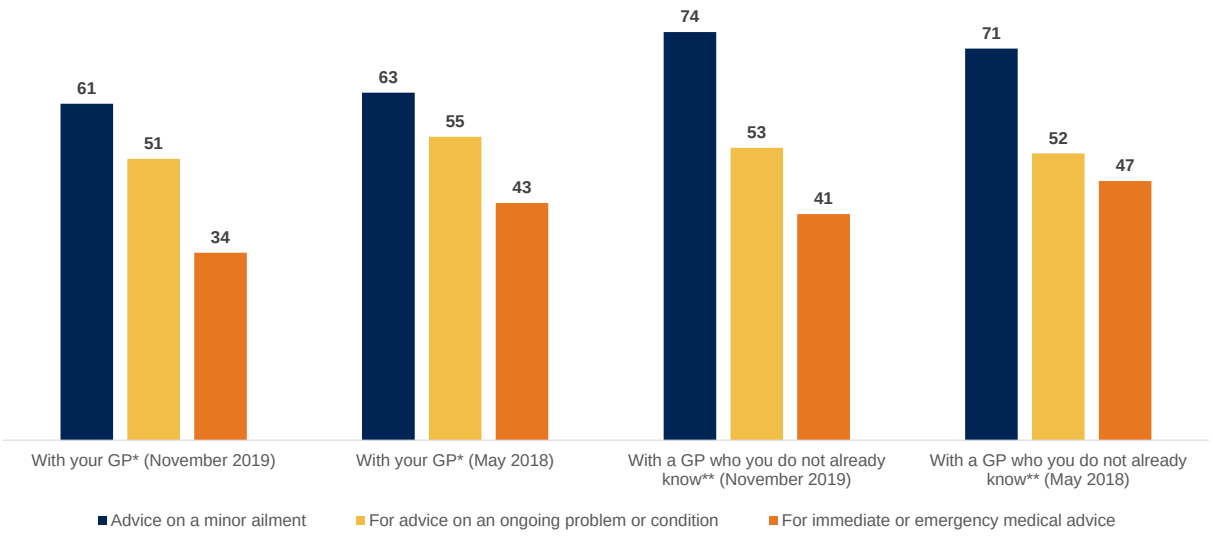
think that leaving the EU will have a positive impact on the NHS, make no difference, or have a negative impact. This suggests that, regardless of people's stance on Brexit, there is an appreciation of the workforce challenges and need to address these. The only observable difference is that people who think leaving the EU without a deal will have a negative impact are marginally more likely to think EU NHS and social care workers should be allowed to stay (93%, compared with 89% of those who think it will make no difference or have a positive impact).

5. The use of video consultations

As new technology opens up opportunities for the NHS and its patients, this chapter looks at open-ness to using video consultations. With their own GP, the public are generally willing to use video consultations when getting medical advice on a minor ailment (61%) or for an ongoing problem or condition (51%), but less so for immediate or emergency advice. Among those who would be willing to use a video consultation with their own GP, a majority would also be willing to have a video consultation with a GP they do not already know for medical advice on a minor ailment (74%) or an ongoing problem or condition (53%). Again, they are less willing to use one for immediate or emergency advice (41%)

The public appear less willing than in 2019 to use a video consultation in a range of situations. With their own GP, they are less likely to want to use a video consultation for advice on an ongoing problem or condition (down from 55% to 51%) or for immediate or emergency medical advice (down from 43% to 34%). They are also less willing to use a video consultation with a GP they do not already know (down from 47% to 41%), but more willing to use it for advice on a minor ailment (up from 71% to 74%).

In which, if any, of the following circumstances would you be willing to use a video consultation…



*Base: Nov 2019: 1,990 GB adults aged 15+, interviewed between 8th-17th November 2019. May 2018: 2,083 adults 15+ in the UK, interviewed between 11th and 29th May 2018.
**Base: All willing to use a video consultation with own GP, Nov 2019 1,561, May 2018 (1,726)

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There are some differences between groups:

- Men are more willing to use a video consultation for a minor ailment (64%, compared with 58% of women) or advice on an ongoing problem or condition (55%, compared with 47% of women).
- Willingness to use a video consultation peaks among those aged 25 to 54 for advice on a minor ailment from their own GP (68%, compared with 61% overall), and among 45 to 54 year olds for immediate or emergency medical advice (42%, compared with 34% overall).

- One-third of people aged 65 and over would not be willing to use a video consultation with their GP in any circumstance (33%), in common with one-quarter of 55 to 64 year olds (24%, compared with 19% overall).
- People in social grades A and B are more willing to get medical advice from their GP via a video consultation for all of the types of advice (for example, 74% for advice on a minor ailment, compared with 61% overall). In contrast, people in social grades D and E are less willing to use it for any of the options (31% say none, compared with 19% overall).
- People who have not used an NHS service in the last year are also less willing to use a video consultation with their own GPs under any of the circumstances (28%, compared with 18% of NHS service users), along with people who have a disability (34%, compared with 17% of people who do not have a disability).

For those who are willing to use a video consultation with their own GP, there are fewer distinctions when they think about getting medical advice from a GP they do not already know.

Appendices

A. Statistical reliability

How accurately does the survey reflect the views of the British population?

It should be remembered that a sample and not the entire population of adults living in Britain has been interviewed. In consequence, all results are subject to sampling tolerances, which means that not all differences between results are statistically significant, at the 95% confidence level. For example, for a question where 50% of the people in a weighted sample of 1,990 respond with a particular answer, the chances are 95 in 100 that this result would not vary more than plus or minus two percentage points from the result that would have been obtained from a census of the entire population (using the same procedures).

Indications of approximate sampling tolerances for this survey, and for surveys of smaller groups of participants, are provided in the table below. As shown, sampling tolerances vary with the size of the sample and the size of the percentage results. This survey used a quota sampling approach. Strictly speaking the tolerances applied here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.[6]

Approximate sampling tolerances applicable to percentages at or near these levels at the 95% confidence level			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
100 interviews	6	9	10
200 interviews	4	6	7
300 interviews	3	5	6
400 interviews	3	5	5
500 interviews	3	4	4
750 interviews	2	3	4
1,000 interviews	2	3	3
1,500 interviews	2	2	3
1,990 interviews	1	2	2

[6] Orton, S. (1994), Evidence of the Efficiency of Quota Samples. Survey Methods Newsletter, vol. 15, no. 1; Stephenson, C. B. (1979), Probability Sampling with Quotas: Wan Experiment. POQ, vol. 43, no. 4.

Comparing the views of different groups within the sample surveyed

Different groups within a sample (e.g. men and women) may have different results for the same question. A difference has to be of a certain size in order to be statistically significant. To test if a difference in results between two sub-groups within a sample is statistically significant, at the 95% confidence level, the differences between the two results must be greater than the values provided in the table below. Again, strictly speaking the sampling tolerances shown here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.[7]

Differences required for significance at or near these percentages at the 95% confidence level			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
100 and 100	8	13	14
100 and 500	7	10	11
100 and 1,000	6	10	10
200 and 200	7	10	11
200 and 500	5	8	8
200 and 1,000	5	7	8
300 and 300	5	7	8
300 and 500	4	7	7
300 and 1,000	4	6	7
400 and 400	4	6	7
400 and 500	4	6	7
400 and 1,000	4	5	6
500 and 500	4	6	6
500 and 1,000	3	5	5
1,000 and 1,000	3	4	4

Only sub-groups comprising 100 or more participants are commented on in this report. It should be noted, however, that the smaller the size of the sub-group, the less we can rely on the survey estimates to be true representatives of the population as a whole. Findings for groups with as few as 100 participants can be subject to confidence intervals of +/- 10%.

In addition to being statistically significant, only sub-group differences which are interesting and relevant to the question being analysed are commented on in the report.

[7] Ibid.

Comparing results across different years

When looking at results to the same question from different years of the survey, again, a difference has to be of a certain size in order to be statistically significant. To test if a difference in results between two waves of the survey is statistically significant, at the 95% confidence level, the differences between the two results must be greater than the values provided in the table below. Again, strictly speaking the sampling tolerances shown here apply only to random samples with an equivalent design effect. In practice, good quality quota sampling has been found to be almost as accurate.[8]

Differences required for significance at or near these percentages at the 95% confidence level			
	10% or 90%	30% or 70%	50%
Size of sample on which survey result is based	±	±	±
1,990 and 2,083 (2019 and 2018 surveys)	2	3	3
1,990 and 1,985 (2019 and 2017 surveys)	2	3	3
1,990 and 1,792 (2019 and 2015 surveys)	2	3	3

[8] Ibid.

B. Guide to social classification

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

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

Source: Ipsos MORI

Interviewers use the following questions to help assign a participant a social grade classification:

- Who is the chief income earner in the household? (This is the person in the household with the largest income, whether from employment, pensions, state benefits, investments or any other source.)
- What is the occupation of the chief income earner?
- What is chief income earner's job title is and what do they actually do?
- What type of company does the chief income earner work for?
- How many people work for the company?
- How many people is the chief income earner responsible for?
- Does the chief income earner have any job related qualifications?

In some cases, interviewers also ask these additional questions:

- Is the chief income earner self-employed?
- How many hours a week does the chief income earner work?
- Is the chief income earner's job is manual or non-manual?

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