Systems research: 4,000 voices

Findings from a survey with people aged 65 years and older conducted on behalf of CQC

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1. Executive Summary

This summary outlines the key findings from a survey conducted by Ipsos on behalf of the Care Quality Commission (CQC). The survey was undertaken via telephone with 4,013 people aged 65 and over living in England in May and June 2022 who have used health and social care services in the last six months. In addition to demographics, the questionnaire covered use of health and social care services, experience when accessing these, waiting lists for health services or a care assessment, as well as social networks. Quotas were set by age, gender and Integrated Care System (ICS), and data were weighted to be representative of the population of people aged 65 and over living in England.

1.1 Use of health and social care services and frequency of use

In the last six months, the vast majority of people aged 65 and over have used at least one health service (94%), including three in five who have used three or more health services (61%). Pharmacists are the most commonly used health service (79%), followed by GP practices including out of hours GPs (65%) and dentists (55%).

In contrast, only 13% of people aged 65 and over in England have used a social care service over the last six months. The most commonly used social care service is assisted technology, a personal alarm, or equipment or adaptations to their home (six per cent), and home care (four per cent)[1].

People in social grades D and E and people living in deprived areas have used fewer services over the last six months than average. They use fewer services like dentists (50% of DEs vs 60% on average), GPs (65% vs 69%) and non-urgent hospital appointments (40% vs 45%), though they also tend to use services more frequently. This points out to potential health inequality.

Frequency of service use is evenly split, with a similar proportion of people using health and social care services once in the last six months (30%), once in the last two to three months (29%), or once or twice a month (31%). Only two per cent (eight out of 165 people) use health or social care services every day or most days.

Some groups consistently report a higher than average number of services used and frequency of use over the last six months, including disabled people, people with long-term conditions, and those in receipt of unpaid care. There is significant overlap between these groups of people, for example with disabled people and people with long-term conditions also more likely to be in receipt of unpaid care.

1.2 Experiences with health and social care services

The majority of people aged 65 and over who have used health and social care services over the last six months are positive about the care and support they have received for their health and wellbeing, with nearly four in five rating them as good (78%) and one in ten (11%) saying it has been poor.

Similarly, most people who have used health or social care services feel they have received the care and support that they have needed for their health and wellbeing over the past six months either completely (52%) or to some extent (29%), while 14% say their needs have not been met at all. As a rough

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[1] . A limitation of the methodology is that some groups of people using social care services are likely to be under-represented in the survey, namely people living in care homes and people with substantial or critical social care needs living in the community. This has an impact on the proportion of respondents using social care services in the survey.

estimate, this means that around 1.37 million[2] people aged 65 and over in England who have used health and social care services in the last six months could think that their needs have not been met at all. This is a rough estimate that needs to be used with caution as the survey was administered using a targeted telephone sample which underrepresented some groups such as people living in care homes.

People aged 65 and over who have used health or social care services are particularly positive about service cleanliness and measures to prevent the spread of infections such as COVID-19 (90% satisfied), while around two-thirds are satisfied with being able to access services when they need them (65%) and being able to access services in a way that suits them (66%). Views are less positive regarding the process of making appointments (54% satisfied and 34% dissatisfied).

Findings for key aspects of patient experience such as involvement in decisions about care and treatment, feeling listened to, and feeling treated fairly, are very encouraging: four in five (80%) feel they have been involved as much as they wanted to be in decisions about their care and treatment, and a similar proportion (82%) have felt listened to when discussing their needs. Nine in ten (90%) feel that they have been treated fairly with regards to the care and support they have received for their health and wellbeing. Similarly, over four in five agree that they have been treated as a person rather than a condition (84%).

People aged 65 and over who have used health and social care services in the last six months also tend to be positive about the information staff have had access to and the information staff have shared with them. Around four in five say that staff at the different services had the right, up-to-date information about them (81%) and that they received clear and easy to understand updates about their treatment and care (77%). In addition, coordination of care is viewed positively, with around seven in ten (72%) agreeing that when something was planned and agreed to, it happened without them having to chase around for it, for example for medication or equipment. They are a little less positive about the consistency of the information they received, with one-quarter (24%) agreeing that staff at different services gave them conflicting information, advice or treatment, though three in five (60%) disagree that was the case.

People’s experiences when accessing care and support services are generally consistent across demographic groups. The main variations are that men are more positive than women, with positive views also more prevalent among more frequent users of health services. Disabled people and those with multiple long-term health conditions tend to be less positive, along with those who have caring responsibilities, those on a waiting list for health services or for a care assessment, those living in more deprived areas and Asian and Asian British people. Some of these variables have a cumulative effect: disabled people in deprived areas report poorer quality of care and are less positive regarding getting their care and support needs met than disabled people in affluent areas. The same can be said about carers. These differences, which are broadly consistent throughout the survey, point out to possible health inequalities, both in terms of access to services and experience with services.

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[2] This is based on the 2021 Census data for England and assumes 94% of people aged 65 and over have used health or social care services in the last 6 months. This figure is a mid-point estimate: assuming a 95% confidence interval, the true value is expected to be somewhere between 1.26 million and 1.47 million.

1.3 Waiting for a care assessment, diagnosis, tests or treatments

In total, just over one in five people aged 65 and over who have used health or social care services in the last six months (22%) say they are currently on a waiting list for health services like diagnostic tests, mental health services, consultant appointments, an operation or a therapeutic service such as physiotherapy, while three per cent (102 out of 4,013 people in the weighted sample) say they are currently waiting for a care needs assessment from their local authority.

Among those who are on a waiting list for health services, although over half (53%) feel well supported by health and social care services, a significant minority of 37% do not feel well supported. Findings are similar for those waiting for a care needs assessment: 57% feel well supported, while 36% do not feel well supported.

Of those on a waiting list for health services, 41% say that the impact of their condition is now worse than when they were first referred, while 11% say the impact is now better, and 45% say there has been no change.

Findings are similar for those on a waiting list for care needs assessment: 40% say that their ability to carry out day-to-day activities is now worse than when the assessment was requested, while 15% say it is now better and 36% say there has been no change.

Looking at what could help people who are waiting, around two in five do not need more help to manage their condition while waiting (39% of those waiting for health services). However, greater clarity about waits would help around one in five: 27% of those on a health waiting list find that knowing that they are still on the waiting list and have not been forgotten, or knowing where they are on the waiting list or how much longer they will have to wait, would help them. The pattern is similar among people waiting for a care assessment, with 44% saying they do not need anything else and/or they really need their care assessment and nothing else will help. Better communication about waiting time would again be welcome: 19% of people say knowing when they will have their care needs assessment would help them while waiting.

1.4 Social networks

In general, over four in five people aged 65 and over who have used health or social care services over the last six months find it easy to get help from close family members, friends or a neighbour if they need it (86% for close family members and 80% for friends/neighbours). However, ease of getting help is slightly lower among groups who could be more vulnerable due to their circumstances (e.g. being 75 or over, being disabled, being on a waiting list, or getting worse while on a waiting list).

Around one in five people aged 65 and over who have used health or social care services over the last six months (21%) receive unpaid help or support from family or close friends / neighbours because of a long-term physical or mental ill health / disability, or problems related to getting older.

Around half of people aged 65 and over who have accessed health or social care services over the last six months say they do not engage in any organised activities that contribute to health and wellbeing (48%)[3]. However, others are taking part in a range of organised activities not related to health and social

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[3] The question focused on organised group activities. Some of these people may take part in activities, sport or hobbies on their own or with another person, which contribute to their health and wellbeing.

care services that contribute to their health and wellbeing. The most common activities are engaging with groups such as exercise clubs, clubs for hobbies such as knitting, or lunch clubs (31%), volunteering (18%) and taking part in religious activities (16%).

Engagement with groups and activities that contribute to health and wellbeing has not changed compared with before the pandemic started for two-thirds of adults aged 65 and over who have used health or social care services over the last six months (65%). Being worried about contracting COVID-19 is the main reason cited by the 20% of people who access groups and activities that contributes to health and wellbeing less often than before the pandemic (mentioned by 36% of respondents). The groups or activities no longer running (24%) and being too unwell to take part (20%) are also cited as key factors for participating less.

Differences between groups are consistent throughout: people who are disabled or have a long-term condition, those who are on a health waiting list, and those who are accessing health or social care services every day or almost every day find it harder to get help from their social networks, are less likely to participate in health and wellbeing activities, and tend to access these activities less often compared with before the pandemic. From the survey data, it is not possible to ascertain if they are less likely to attend because of health-related issues such as difficulties getting out, or if their health and wellbeing may be poorer due to not accessing these types of activities. Equally, it could be a combination of these possibilities – as people’s health declines it is more difficult to access these activities, and consequently their health and wellbeing decline further.

Finally, people who find it difficult to get support from family or friends and neighbours, and who do not attend groups and activities that contribute to their health and wellbeing, are slightly less positive about some aspects of health and social care services. For example, they are less likely to say their care and support needs have been met and that they definitely feel involved in decisions about their treatment. This may be a reflection of the demographic characteristics of this group, for example being more likely to live in deprived areas and be disabled, groups who are also generally less positive. This suggests that there is a risk of exacerbating health inequalities, since these groups have slightly worse experiences of health and social care services as well as having less developed social networks.

2. Introduction

This chapter outlines the context to the research including background and objectives. It also provides a summary of the research methodology and notes on the presentation and interpretation of data.

2.1 Background and objectives

This report presents the findings of a survey undertaken by Ipsos on behalf of the Care Quality Commission (CQC). The survey looked at the experiences of people aged 65 and over when accessing and using health and social care services over the last six months. With a key tenet of the direction of travel for health and social care being to provide more integrated care and with more limited evidence on how health systems as a whole work for patients, the survey focused on people's experiences of how different parts of the system join up. This is a crucial time for this type of research as patients are now waiting longer for care for a number of reasons, such as the pandemic, and as systems plan for a challenging winter ahead.

This research aims to provide CQC with an understanding of older people's experience with health and social care services, to inform the development of services, communications about them, and to feed into CQC's State of the Nation report, with the intention of influencing policymaking in the NHS' subsequent planning rounds.

2.2 Methodology

The survey was conducted over the telephone, using a targeted sample for both landlines and mobiles that was purchased for people aged 65 and over living in England. This approach means that a pre-defined sample of respondents was selected and targeted for the research. The use of a targeted telephone sample was chosen because it enabled the survey to be conducted promptly and achieve a large sample size, while remaining affordable. A limitation of the methodology is that some groups of people using social care services are likely to be under-represented in the survey, namely people living in care homes and people with substantial or critical social care needs living in the community. This has an impact on the proportion of respondents using social care services in the survey. Demographic information was collected for all those willing to take part, but people who had not used health or social care services over the last 6 months prior to the fieldwork were then screened out as they were not eligible for the remaining questions (237 people were screened out for this reason). In total, 4,013 members of the English public aged 65 and over were interviewed between 17th May and 1st June 2022 using CATI (Computer Assisted Telephone Interviews). The average interview length was around 20 minutes.

2.2.1 Quotas

Quotas were set by age (65-74 and 75 plus) and gender (interlocking), as well as soft quotas by Integrated Care Systems (ICS) to ensure that interviews were conducted from all over England. We also monitored responses by ethnicity and social grade. The sample contained very little demographic information and demographic data were collected at the start of the interview. Once the fieldwork was complete, the results were adjusted by a weighting factor for the same five variables to ensure that the final results match the population profile of those aged 65 and over living in England. This process is known as weighting the data and is used to help improve the accuracy of the results and correct for any imbalance in the achieved sample profile (by ethnicity and social grade in this case). The sample profile before and after weighting is provided at the end of the data tables.

2.2.2 Questionnaire

The questionnaire covered the following topic areas:

- Use of health and social care services, and frequency of use.
- Experiences when accessing or trying to access health care and support services, and ratings of services used.
- Involvement in decisions about care and treatment, feeling treated fairly and the information patients received.
- Waiting for care assessment, diagnosis, tests or treatments, support and information provision while waiting.
- Social networks, ease of getting help from family and friends, engagement with health and wellbeing activities.
- Demographics including prevalence of long-term conditions or disability, carer status, receipt of unpaid care.

2.2.3 Sample profile

Overall, a range of demographics were captured, and the table below provides the demographic profile of the 4,013 respondents after weighting.

Table 2.1: Participant demographics

		All participants	
		N (weighted)	% (weighted)
Total		4016	100%
Gender	Male	1789	45%
	Female	2227	55%
Age	65-74	2106	52%
	75+	1910	48%
Ethnicity	White British	3664	91%
	Ethnic minorities – *(split out below)*	333	8%
	Any other white background	171	4%

	Asian / Asian British	77	2%
	Black / African / Caribbean / Black British	51	1%
	Mixed/multiple ethic groups	15	*
	Any other ethnic group (including Arab)	18	*
Social Grade	AB	900	22%
	C1C2	1990	50%
	DE	929	23%
Disability status	Yes	1554	39%
	No	2390	60%
Caring responsibility	Yes	1323	33%
	No	2677	67%

2.3 Notes about the presentation and interpretation of data

Interpreting quantitative data

This report presents quantitative data from a telephone survey conducted by Ipsos. While some questions were factual, others asked about views and attitudes, which are subjective. For example, when asking people if they have received the care and support that they have needed for their health and wellbeing over the past six months, responses will be based on people’s perceptions of their needs, rather than a health professional’s assessment of their needs.

The report comments on differences in the data between different sub-groups within the total sample surveyed, for example differences in views between men and women. 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 interval are commented on in this report. 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. A guide to statistical reliability is provided in appendix.

For the most part, only sub-groups with 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. In some cases, sub-groups comprising fewer than 100 participants are commented on in the report and these should be treated with particular caution.

Throughout the report, references to people from ethnic minorities includes those from White ethnic minorities.

Survey participants are permitted to give a ‘don’t know’ or ‘prefer not to say’ answer to most 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 is due to computer rounding, the exclusion of ‘don’t know’ or ‘prefer not to say’ categories, or participants being able to give multiple answers to the same question. Throughout the report asterisk (*) denotes any value of less than half of one per cent but greater than 0%.

In all charts, the base sizes included relate to the unweighted data.

3. Use of health, care, and support services

3.1 Chapter summary

- Around two-thirds of people aged 65 and over who have used health or social care services over the last six months (65%) say that they have a long-term physical or mental health condition, disability or illness, including 31% who have one condition, and 34% who have multiple conditions.

- Around three in five people with a long-term physical or mental health condition, disability or illness (59%) say that this reduces their ability to carry out day-to-day activities, either a lot or a little. This means they meet the Equalities Act's definition of disability.

- In the last six months, the vast majority of people aged 65 and over have used at least one health service (94%), including three in five who have used three or more health services (61%). Pharmacists are the most commonly used health service (79%), followed by GP practices (including out-of-hours GP services) (65%) and dentists (55%).

- In contrast, only 13% of people aged 65 and over in England who were interviewed have used a social care service over the last six months. The most commonly used social care service is assisted technology, a personal alarm, or equipment or adaptations to their home (six per cent), and home care (four per cent).

- Frequency of service use is evenly split with a similar proportion of people using health and social care services once in the last six months (30%), once in the last two to three months (29%), or once or twice a month (31%). Only two per cent (98 out of 4,013 people) use them every day or most days.

- Some groups consistently report a higher than average number of services used and frequency of use over the last six months, including disabled people, people with long-term conditions, and those in receipt of unpaid care. There is significant overlap between these groups of people, for example with disabled people and people with long-term conditions also more likely to be in receipt of unpaid care.

3.2 Volume of people with a physical or mental health condition

Around two-thirds of people aged 65 and over who have used health or social care services over the last six months (65%) say that they have a long-term physical or mental health condition, disability or illness[4]. Specifically, 31% say they have one condition, disability or illness, while 34% have multiple conditions, disabilities or illnesses.

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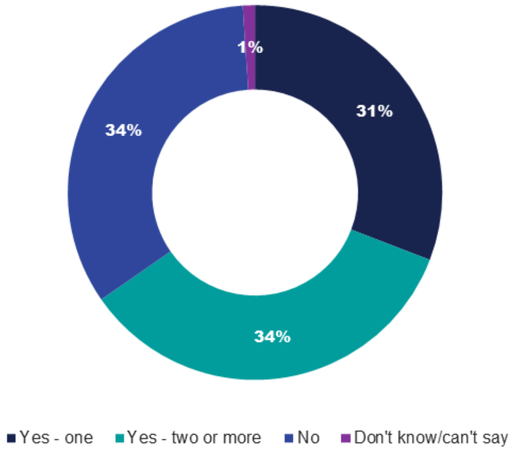
[4] Respondents were asked to include any long-term physical or mental health conditions, disabilities or illnesses, including issues related to old age. Long-term was defined as anything lasting or expected to last for 12 months or more.

Figure 3.1: Q17. Do you have any long-term physical or mental health conditions, disabilities or illnesses? By long term, we mean anything lasting or expected to last for 12 months or more.



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months (4,013). Survey conducted by telephone between 17 May and 12 June 2022.

People aged 75 or over are more likely than those aged 65-74 to have a long-term physical or mental health condition, disability or illness (67% compared with 64%). They are also more likely to have multiple conditions (36% compared with 33%).

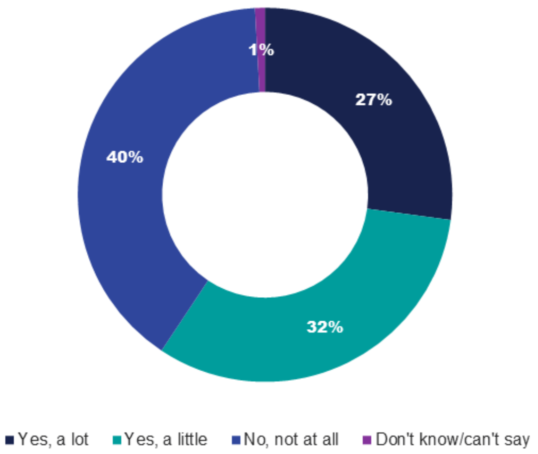
Incidence of a long-term condition, disability or illness is also higher among:

- Those in social grades D and E (68%, including 37% who have multiple conditions).
- Those who have used three or more different health services in the past six months (72%, including 41% who have multiple conditions).
- Users of 1 or 2 social care services (79%, including 54% with multiple conditions).
- People who have used health services at least monthly (76%, including 43% with multiple conditions).
- Those who receive unpaid care (90%, including 59% with multiple conditions).
- People who are on a waiting list for health services (79% including 46% with multiple conditions) and those on a waiting list for care assessment (78% including 53% with multiple conditions).
- Those living in the most deprived areas (70% including 42% with multiple conditions).

3.3 Impact of ability on day-to-day activities

Around three in five people aged 65 and over who have a long-term physical or mental health condition, disability or illness (59%) say that this reduces their ability to carry out day-to-day activities, either a lot (27%) or a little (32%). This means that they meet the Equalities Act definition of disability.

Figure 3.2: Q19. Do any of these conditions reduce your ability to carry out day-to-day activities?



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months and have a long-term condition (2,627). Survey conducted by telephone between 17 May and 12 June 2022.

As might be expected, people who have multiple conditions are more likely to say that their ability to carry out day-to-day activities is reduced a lot (36%), compared with those who have one condition (17%).

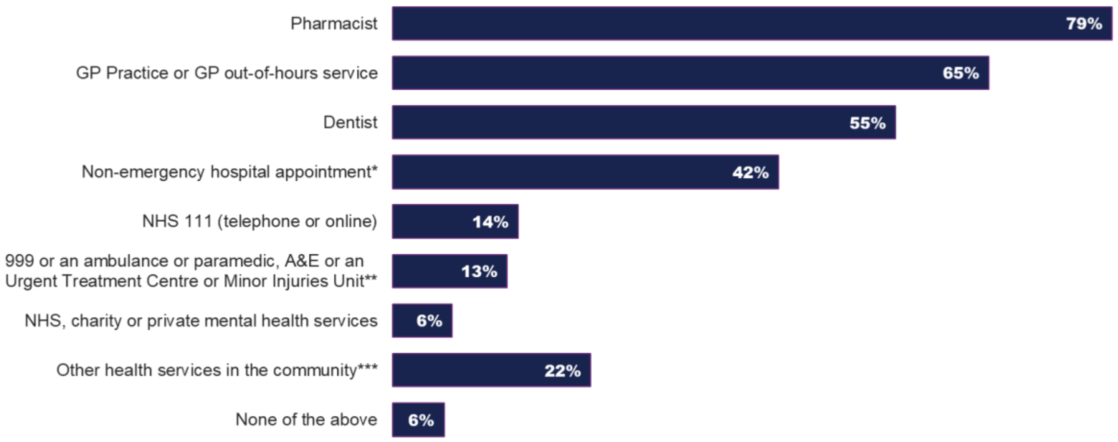
People are also more likely to say their condition (or one of their conditions) reduces their ability to carry out day-to-day activities a lot, if they are aged 75 or over (29%, compared with 25% of 65-74 year olds), women (29%, compared with 25% of men), in D or E social grades (34%, compared with 19% of those in social grades A and B), or on a waiting list for health services (39%) or for a care assessment (52%).

There are some differences by region. People in the West Midlands are most likely to say that their condition reduces their ability to carry out day-to-day activities a lot (34%), while this proportion is lowest in Greater London (20%) and the South East (23%). People living in the most deprived areas are more likely to say that their condition reduces their ability to carry out day-to-day activities a lot (36%), compared with those in the least deprived areas (21%).

3.4 Use of health services

The vast majority of people aged 65 and over living in England have used at least one health service over the last six months (94%), including three in five who have used three or more services (61%) and one in five who have used two services (21%). Only six per cent (237 out of 4,250) have not used any of the services listed. The most commonly used health services are the pharmacist (79%), GP practice (including out-of-hours GP services) (65%), dentist (55%), NHS or private hospital for a non-emergency routine appointment or procedure (42%) and other services in the community (22%). Mental health services, provided by the NHS, a charity or privately, are the least commonly used services of all those listed (six per cent or 276 out of 4,250 mention this).

Figure 3.3: Q5. Which of the following health services, if any, have you personally used in the last six months?



Base: All respondents aged 65 and over living in England who have or have not used health or social care services over the last six months (4,250). Survey conducted by telephone between 17 May and 12 June 2022.
* Full code text: “NHS or private hospital for a non-emergency routine appointment or procedure”
** Full code text: “999 or an ambulance or paramedic, Accident & Emergency or an Urgent Treatment Centre or Minor Injuries Unit”
*** Full code text “Other health services in the community such as physiotherapy, podiatry, speech and language therapy, pulmonary or cardiac rehabilitation, other rehabilitation services or district nurses”

Usage of health services over the last six months is correlated with a number of variables: people aged 75 and over are more likely to have used three or more services (64%) than those aged 65 to 74 (59%), and so are disabled people (75% have used three of more services, as opposed to 59% among non-disabled people), people with long-term conditions (72% vs 52% among those without any), people in receipt of unpaid care (76%) and those on a health waiting list (81%). Note that many of these sub-groups overlap. For example, three-quarters of people on a health waiting list (74%) and just under nine in ten people in receipt of unpaid care (88%) are disabled.

People from social grades D and E and those living in more deprived areas tend to have used fewer health services (54% and 58% respectively have used three or more health services over the last six months, compared with 68% among those in social grades A and B, and 67% for those living in the least deprived areas). Looking at the type of services accessed, use of dentists, GP practices (or out-of-hours services) and NHS or private hospitals for a non-emergency routine appointment or procedure are less common among people from social grades D and E than average (46%, 60% and 37% respectively). Use of dentists is also significantly lower among those living in the most deprived areas than the least deprived areas (43% compared with 65%).

3.5 Use of social care services

Over the last six months, social care services have been used by just 13% of people aged 65 and older in England who were interviewed[5]. The most common social care services used are assisted technology,

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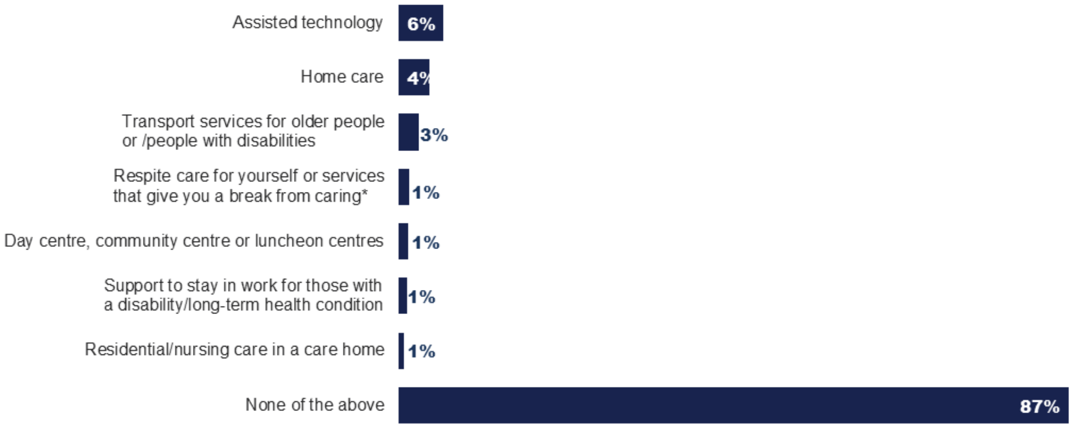
[5] A limitation of the methodology is that some groups of people using social care services are likely to be under-represented in the survey, namely people living in care homes and people with substantial or critical social care needs living in the community. This has an impact on the proportion of respondents using social care services in the survey.

a personal alarm, or equipment or adaptations to their home (six per cent or 248 out of 4,250 people)[6], home care (four per cent or 183 out of 4,250 people), and transport services for older people or people with disabilities (three per cent or 109 out of 4,250 people). Almost nine in ten people aged 65 or over have not used any of the social care services listed in the survey (87%).

Figure 3.4: Q6. Which of the following social care services, if any, have you personally used in the last six months?



Base: All respondents aged 65 and over living in England who have or have not used health or social care services over the last six months (4,250). Survey conducted by telephone between 17 May and 12 June 2022.
*Full code text “Respite care for you personally, or support or services allowing you to take a break from caring, if you have any caring responsibilities”

Differences between groups are consistent with those previously observed for use of health services: use of social care services is more common than average among disabled people (24%), people with two or more long-term conditions (21%), people in receipt of unpaid care (33%), those on a health waiting list (18%) or living in the most deprived areas (18%). Use of social care services is also much higher than average among people waiting for a care assessment (34%), indicating that some people are already using care and support services while waiting for a case assessment, perhaps by funding them privately or accessing them through the voluntary sector.

3.6 Frequency of use of health and social care services

Findings in the rest of this report are based on people aged 65 and over who have used at least one health or social care service over the last six months (people who said they had not used any were not eligible for the remaining questions).

Frequency of use is evenly split, with around three in ten people aged 65 and over who have used health or social care services saying they have done so about once in the last six months (30%), once in the last two to three months (29%), or once or twice a month (31%). A minority are very frequent users: just two per cent (98 out of 4,013 people) use them every day or most days, and one in twenty (five per cent or 202 out of 4,013 people) use them about once or twice a week.

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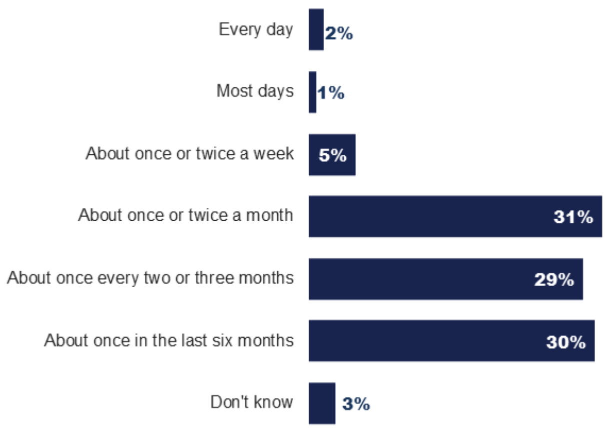
[6] The full code read out by interviewers was ‘Assisted technology (such as automatic sensors to say if lights left on or fridge door open), a personal alarm, or equipment or adaptations to your home (such as a wheelchair, or handrails)’.

Figure 3.5: Q7. Over the past six months, how often have you used the health and social care services that you just mentioned?



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months (4,013). Survey conducted by telephone between 17 May and 12 June 2022.

Very frequent service use is more common among disabled people (five per cent or 73 out of 1,558 use services every day or most days), people with at least two long-term conditions (four per cent or 59 out of 1,386 people), people living in the most deprived areas (four per cent or 27 out of 729 people) and people in receipt of unpaid care (seven per cent or 55 out of 843 people) than average (two per cent or 98 out of 4,013 people). It is also significantly higher than average among people who have used three or more social care services over the last six months (30% of them use services every day or most days, compared with two per cent on average), which could be explained by the type of social care services accessed (e.g. assisted technology, equipment or adaptations are at home so could be used daily, and when home care is needed it is likely to be needed every day or most days).

In contrast, people from ethnic minority backgrounds[7] tend to use services less frequently (68% use them about once every two or three months or about once in the last six months, compared with 58% of people from White British ethnic backgrounds), potentially due to their slightly younger age profile. People aged 65 and over living in the least deprived areas also tend to use services less frequently (63% use them about once every two or three months or about once in the last six months, compared with 59% overall), despite their slightly older age profile. This suggests that those living in less deprived areas use a wider range of services but use them less frequently.

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[7] Please note that throughout the report, those from ethnic minority backgrounds includes those from White minority backgrounds.

4. Experiences with health care and support services

4.1 Chapter summary

- Perceptions of the overall service people aged 65 and over have received from health and social care services are positive, with 78% saying the care and support they have received for their health and wellbeing over the past six months has been good, while 11% say it has been poor.

- People aged 65 and over who have used health or social care services generally feel they have received the care and support that they have needed for their health and wellbeing over the past six months (80%), while 14% say their needs have not been met at all.

- People aged 65 and over who have used health or social care services are particularly positive about cleanliness and measures to prevent the spread of infections such as COVID-19 (90% satisfied), while around two-thirds (65%) are satisfied with being able to access services when they need them and being able to access services in a way that suits them (66%). Views are less positive regarding the process of making appointments (54% satisfied and 34% dissatisfied).

- People aged 65 and over who have used health and social care services tend to feel that they have been involved as much as they wanted to be in decisions about their care and treatment (80%), and that they have been listened to when discussing their needs (82%).

- Nine in ten (90%) feel that they have been treated fairly with regards to the care and support they have received for their health and wellbeing, while 84% say they were treated as a person rather than a condition.

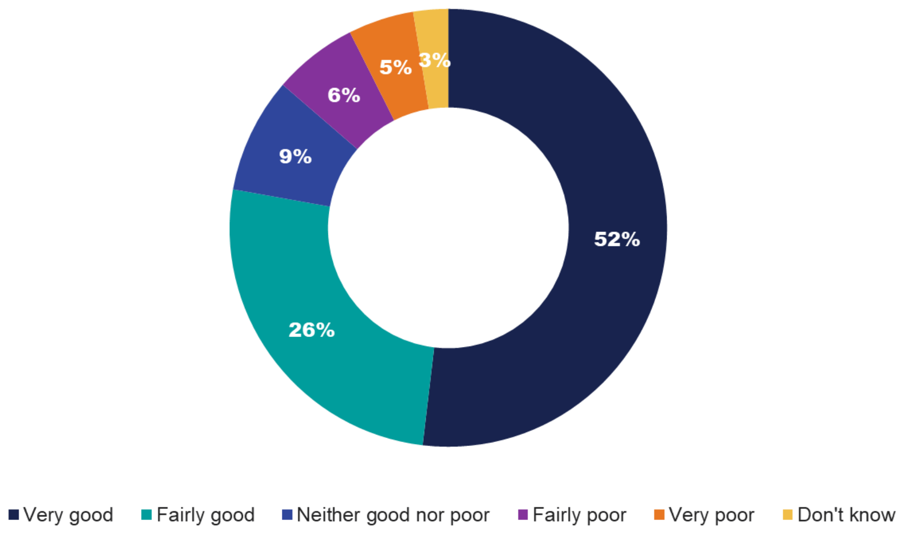
- People aged 65 and over who have used health and social care services are generally positive about the information they and their healthcare professionals received. Around four in five say that staff at the different services had the right, up-to-date information about them (81%) and that they received clear and easy to understand updates about their treatment and care (77%). They are a little less positive about the consistency of the information they received, with one-quarter (24%) agreeing that staff at different services gave them conflicting information, advice, or treatment, though three in five (60%) disagree that was the case.

- Attitudes to care and support are generally consistent across demographic groups. The main variations are that men are more positive than women, with positive views also more prevalent among more frequent users of health services. Disabled people and those with multiple long-term health conditions tend to be less positive, along with those with caring responsibilities, those on a waiting list for health services or for care assessment, those living in more deprived areas, and Asian and Asian British people.

4.2 Overall perceptions of services

Overall, people aged 65 and over who have used health and social care services are positive towards the care and support they have received for their health and wellbeing over the past six months. More than three-quarters (78%) describe the care and support they have received as good, including around half (52%) saying it has been *very* good. Around one in ten (11%) say that their care and support has been very or fairly poor.

Figure 4.1: Q8. Overall, how would you describe the care and support you have received for your health and wellbeing over the last six months?



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months (4,013). Survey conducted by telephone between 17 May and 12 June 2022.

Overall attitudes towards care and support are broadly consistent across different groups of people who have used health or social care services, with at least seven in ten in every group saying it has been very or fairly good. There are some differences, however. Men are more positive than women, with 80% of men describing their care and support as good, compared with 76% of women. Disabled people are less likely than non-disabled people to say that the service has been good (75% vs 80%), as are those with a long-term physical or mental health condition, disability or illness (76% vs 81% for those with none). A similar pattern can be observed among those with caring responsibilities (76% of them rate their care and support as good vs 79% for those without caring responsibilities).

Very and fairly good ratings are also more common among more frequent users of health and social care services (88% among those using services every day or most days in the past six months, compared with 78% of those who have used services less frequently). However, those who are currently on a waiting list for health services are more likely to say the care and support they have received has been poor (16%, compared with 10%, or 300 of 3095, of those not on a waiting list).

Experiences are less positive in more deprived areas: 76% in the most deprived areas say the care and support they have received has been good, compared with 80% in the most affluent areas. Of the regions, people in the North East are the most positive (84% say the care and support has been good).

It is important to bear in mind the overlap between some of the above groups: participants who are disabled, live with at least one long-term condition, or are from social grades D or E are more likely to live in the most deprived areas. More importantly, there seems to be a cumulative effect of some of these variables: rating the care and support received as very or fairly good is less common among disabled people living in the most deprived areas than among disabled people living in affluent areas

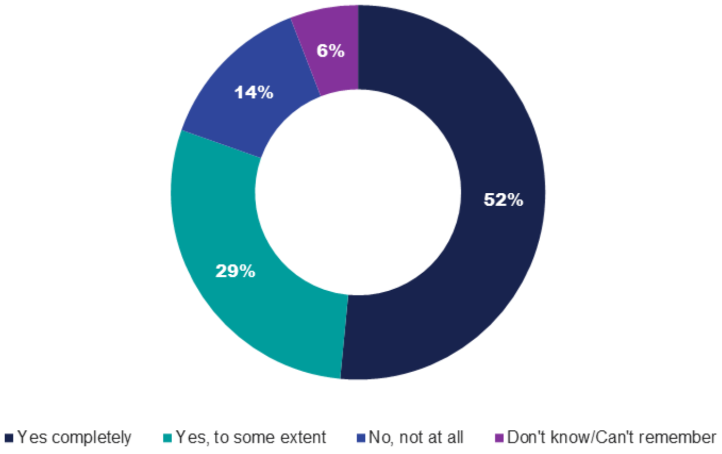
(72% vs 79%). In fact, it is the cumulative effect of disability and deprivation that seems to be driving ratings down, as disabled and non-disabled people living in affluent areas provide similar ratings – 79% and 80% of them respectively rate their care and support as good. Looking at non-disabled people specifically, no statistically significant differences can be observed between deprived and affluent areas.

A somewhat similar pattern can be observed among carers, with those living in deprived areas being less likely than those living in affluent areas to rate the care and support they have received over the last six months as very good (41% vs 50%). However, unlike disability, differences between carers and non-carers persist when looking within affluent areas or within deprived areas specifically. Within affluent areas, carers are less likely than non-carers to report their care and support as very good over the last six months (50% vs 56% respectively), and the same can be said within deprived areas (41% for carers and 51% for non-carers – similar to the proportion of carers in affluent areas rating their care and support as very good).

4.3 Health and care needs met or not

Corroborating good ratings of the care and support received, most of those aged 65 and over who have used health or social care services in the past six months say they have received the care and support they have needed for their health and wellbeing. Four in five (80%) feel they have received the care and support that they have needed for their health and wellbeing at least to some extent, including around half (52%) who say their needs have been met completely. One in seven (14%) say their needs have not been met at all.

Figure 4.2: Q11.Overall, have you received the care and support that you have needed for your health and wellbeing over the past six months?



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months (4,013). Survey conducted by telephone between 17 May and 12 June 2022.

Demographic variations mostly reflect those seen in section 4.1 for overall perceptions of the service. Men are more positive than women, with 57% of men saying the care and support has completely met their needs (compared with 47% of women). Disabled people are less likely to say their needs have been met completely (44% vs 57% among non-disabled people), while there is also a difference by number of long-term health conditions: the proportion who say their needs have been met completely ranges from 45% among those with multiple conditions, to 53% among those with one condition, and 57% with none. People with caring responsibilities are also less likely to feel their needs have been met completely (48%, vs 53% among people without caring responsibilities).

Attitudes also vary by social grade, with those in social grades A and B more likely to say their needs have been met completely (55%) than those in D and E social grades (49%).

Again, the perception that care and support needs have been met completely is more widespread among people who have used health and social care services every day or most days in the past six months (63%, compared with 52% of those who have used services less frequently). People who are currently on a waiting list for health services are less likely to say their needs have been met completely (40%), as are those on a waiting list for a care assessment (38%).

Findings are broadly consistent by region, although the proportion that say their needs have been met (completely or to some extent) is highest in the South East (84%) and lowest in Greater London (77%). In line with earlier findings, attitudes are less positive in more deprived areas, with 47% in the most deprived areas saying their needs have been met completely, compared with 54% in the least deprived areas. This could be related to service use: findings in chapter 3 show that people living in the most deprived areas tend to have used fewer health services over the last six months.

In line with earlier findings, some of these sub-group differences have a cumulative effect:

- Disabled people living in the most deprived areas are far less likely than those living in affluent areas to think they have received the care they needed, completely or to some extent (74% for disabled people living in deprived areas vs 86% for disabled people living in affluent areas). Among non-disabled people, no significant differences can be found between affluent and deprived areas. Similarly, no difference can be found by disability status among people living in affluent areas.

- Likelihood of receiving the care and support needed for one’s health and wellbeing is lower among carers in deprived areas than among carers in affluent areas (72% of carers in deprived areas say they have received the care they needed completely or to some extent, as opposed to 83% among carers in affluent areas). Carers in deprived areas are also more likely than carers in affluent areas to report receiving none of the care and support they have needed over the last six months (23% vs 13%). In line with earlier findings on ratings of care and support, some differences between carers and non-carers remain when looking at deprived areas specifically, or at affluent areas specifically. For example, just under a quarter (23%) of carers in deprived areas say they have not received the care and support they needed – as opposed to 16% among non-carers in the same areas.

4.4 Reasons for perceptions of care and support

Participants were asked to explain their assessment of whether they had received the care and support that they needed for their health and wellbeing over the previous six months.

Looking firstly at those who say their needs have been met completely, this is most commonly because they are happy with all of the help and support, they have received and have not experienced any problems (46%). Other reasons cited are that they have received good, patient-centric care that was available when needed (18%), that they have received good quality care (16%), that they have experienced a fast or efficient service with short waiting times (nine per cent or 187 out of 2,078 people) and that there has been good availability of health professionals and services (nine per cent or 188 out of 2,078 people).

Where needs have been met but only to some extent, this is most commonly attributed to poor availability of health professionals and services (41%), long waiting times, delays or a slow service (21%) and poor quality of treatment or advice or lack of continuity of care (13%).

Where people say they have not received the help or support they needed at all, this is most likely to be because of poor availability of health professionals and services (37%), poor quality of treatment or advice or lack of continuity of care (12%) and generally not getting the care or support they needed (11%). In addition, 29% of these respondents say that they have not needed any care or support.

4.5 Satisfaction with access to health and social care services

When asked about specific aspects of access to the health and care services that they have experienced, people aged 65 and over who have used health or social care services over the last six months are particularly positive about cleanliness and measures to prevent the spread of infections such as COVID-19. Nine in ten (90%) are satisfied with this, including 70% who are *very* satisfied, while just four per cent (147 out of 4,013 people) are dissatisfied.

Around two-thirds of 65 plus year-olds who have used health or social care services (65%) are satisfied with being able to access services when they need them, with one-quarter (24%) dissatisfied. Attitudes are similar in relation to being able to access services in a way that suits them, with 66% satisfied and 23% dissatisfied.

People who have used health or social care services are most critical of the process of making appointments. While over half (54%) are satisfied with this, one-third (34%) are dissatisfied, including 17% who are *very* dissatisfied.

Figure 4.3: Q12b. Still thinking about all of the services you have told us about, how satisfied or dissatisfied are you with each of the following over the last six months?

Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months (4,013). Survey conducted by telephone between 17 May and 12 June 2022.
* Full code text “Cleanliness and the measures that are in place to prevent infections such as COVID-19 from spreading in health and social care services”

The patterns for different groups within the population tend to reflect those seen above for overall perceptions of the service. Men are more likely than women to be satisfied, in relation to being able to access services when they need them (68% compared with 63%), being able to access services in a way that suits them (69% vs. 64%) and the process of making appointments (58% vs. 52%).

Satisfaction is lower among disabled people, in being able to access services when they need them (61% vs 68% for non-disabled people), being able to access services in a way that suits them (60% vs 70%) and the process of making appointments (48% vs 58%). A similar pattern applies to those with a long-term health condition, with satisfaction particularly low among those with multiple conditions, in relation to being able to access services when needed (61%) and the process of making appointments (48%). Satisfaction with the process of making appointments is lower among those with caring responsibilities (50% vs 56%).

Consistent with earlier findings, people who have used three or more different health services in the past six months are more likely to be satisfied, in relation to being able to access services when they need them (67%) and cleanliness and measures to prevent the spread of infections (91%).

Those who are currently on a waiting list for health services are less likely to be satisfied with all of the elements of access asked about. In addition, those on a waiting list for a care assessment are less satisfied than those not on a waiting list for a care assessment with the process of making appointments (42% vs 55%) and cleanliness and measures to prevent the spread of infections (81% vs 90%).

Findings are generally consistent by region, except that those in the South West are more likely to be satisfied with the process of making appointments (59%), while satisfaction is lower in the South East regarding accessing services when needed (61%), and is lower in Greater London regarding cleanliness and measures to prevent the spread of infections (87%).

Once again, positive ratings are less common among people living in deprived areas. Those living in the most deprived areas are less likely to be satisfied with being able to access services when they need them (61%, compared with 69% in the least deprived areas), being able to access services in a way that suits them (63% compared with 68%) and cleanliness and measures to prevent the spread of infections (87% compared with 92%).

In addition, those in rural areas are more satisfied than those in urban areas with the process for making appointments (57% compared with 53%).

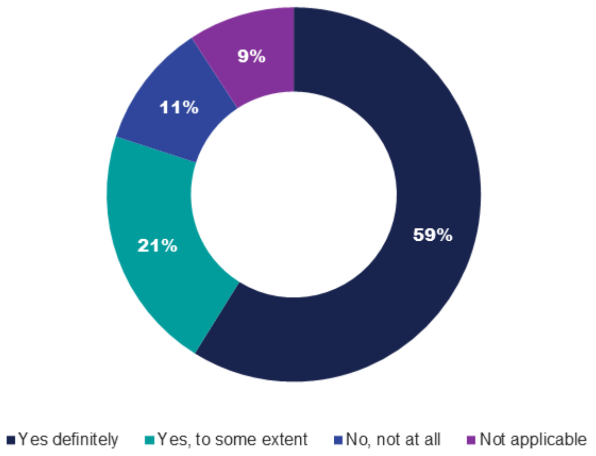
Finally, with the exception of cleanliness, satisfaction is lower than average among Asian and Asian British people: 45% of them are satisfied with their ability to access services when they need them, 47% with their ability to access services in a way that suits them, and 36% with the process of making appointments (compared with 65%, 66% and 55% among white British respectively).

4.6 Perceptions of care and support received

People aged 65 and over who have used health and social care services in the last six months are generally positive about the care and support they received in relation to being involved in decisions, feeling listened to and being treated fairly. These findings are consistent with those seen above in relation to the overall perception of the service (section 4.1) and needs being met (section 4.2). In each case, the majority are positive, while a minority (of around one in ten) are negative.

Four in five (80%) say they have been involved as much as they wanted to be in decisions about their care and treatment. This includes 59% who say they have definitely been involved as much as they wanted to be. In contrast, around one in ten (11%) say they have not been involved at all.

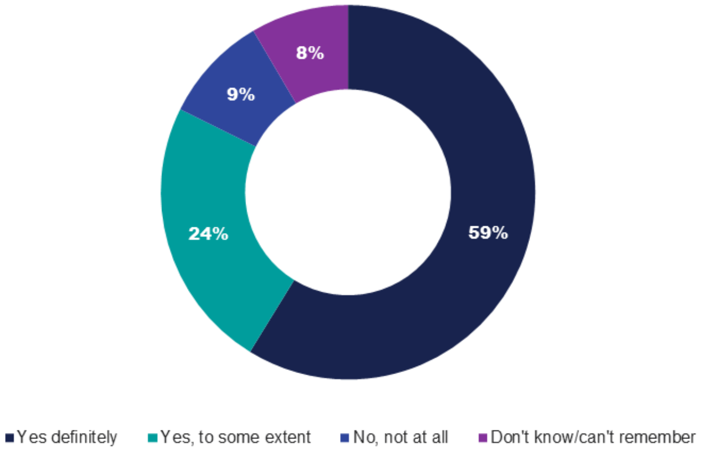
Figure 4.4: Q13. Over the last six months, have you been involved as much as you wanted to be in decisions about your care and treatment?



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months (4,013). Survey conducted by telephone between 17 May and 12 June 2022.

Similarly, around four in five people aged 65 and over who have used health or social care services (82%) feel they have been listened to when discussing their needs with those providing care, treatment, and support, including 59% who say this was definitely the case. Around one in ten (nine per cent or 371 out of 4,013 people) did not feel they had been listened to at all.

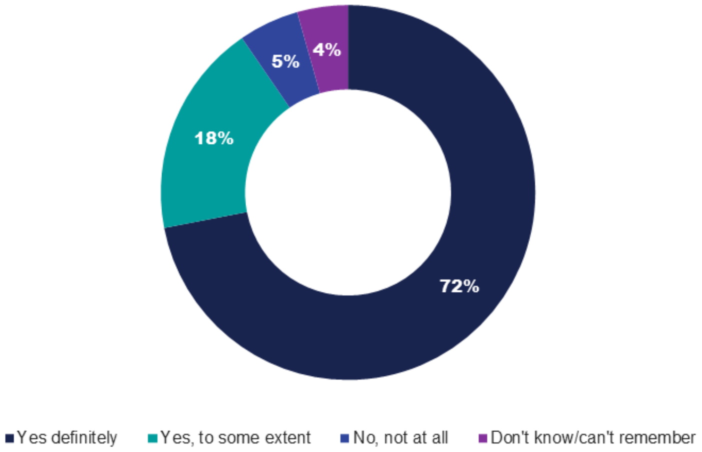
Figure 4.5: Q14. Over the last six months, have you felt listened to when discussing your needs with those providing you with care, treatment and support?



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months (4,013). Survey conducted by telephone between 17 May and 12 June 2022.

There is a strong sense among people who have used health or social care services in the past six months that they have been treated fairly while receiving care and support, with fair treatment emerging as a particularly positive aspect of people's experiences. Nine in ten (90%) think they have been treated fairly with regards to the care and support they have received for their health and wellbeing, including 72% who definitely feel they were treated fairly. Just five per cent (209 out of 4,013 people) feel they were not fairly treated at all.

Figure 4.6: Q15. Over the last six months, thinking of the care and support you have received for your health and wellbeing, have you been treated fairly?



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months (4,013). Survey conducted by telephone between 17 May and 12 June 2022.

There are consistent differences between groups of those aged 65 and over who have used health and social care services in the last six months. The following groups tend to be less positive about the care and support they have received:

- Women (for example, 56% feel they were definitely felt listened to when discussing their needs with those providing care, treatment and support, compared with 63% of men and 69% definitely felt they were treated fairly, compared with 75% of men).

- Those aged 75 and over (for example, 70% say they have definitely been treated fairly, compared with 73% of those aged 65 to 74).

- Disabled people and those with multiple long-term conditions (54% and 55% respectively feel they have been involved as much as they wanted to be in decisions about their care and treatment, compared with 62% of non-disabled people and 61% of those with one or no long-term conditions. Additionally, 65% of those with a disability and 67% of those with two or more long-term conditions definitely felt they were treated fairly, compared to 76% of those without a disability or with one or no long-term condition).

- People in social grades D and E (for example, 55% feel they have definitely been listened to compared with 63% of people in social grades A and B, and 69% say they have definitely been treated fairly compared with 75% of people in social grades A and B).

- People who have used fewer health services (for example, 54% of those who have used one or two services in the previous six months say they have definitely been involved as much as they wanted to be in decisions, compared with 61% of those who have used three or more different health services, though they are only slightly more likely to say they were not involved at all (13% compared with nine per cent or 243 out of 2,598 people).

- Those who are currently on a waiting list, either for health services or for a care assessment (for example, 64% and 54% respectively definitely feel they have been treated fairly, compared with 75% and 73% of those who are not waiting).

- People living in more deprived areas (for example, 51% say they have definitely been involved as much as they wanted to be in decisions, compared with 63% of people living in the least deprived areas. Furthermore, 68% believe they have definitely been treated fairly compared with 76% of those living in the least deprived areas).

- People with caring responsibilities (for example, 56% feel they were definitely listened to, compared with 60% of people who do not have caring responsibilities and 68% say they were definitely treated fairly while 74% of people who do not have caring responsibilities say the same).

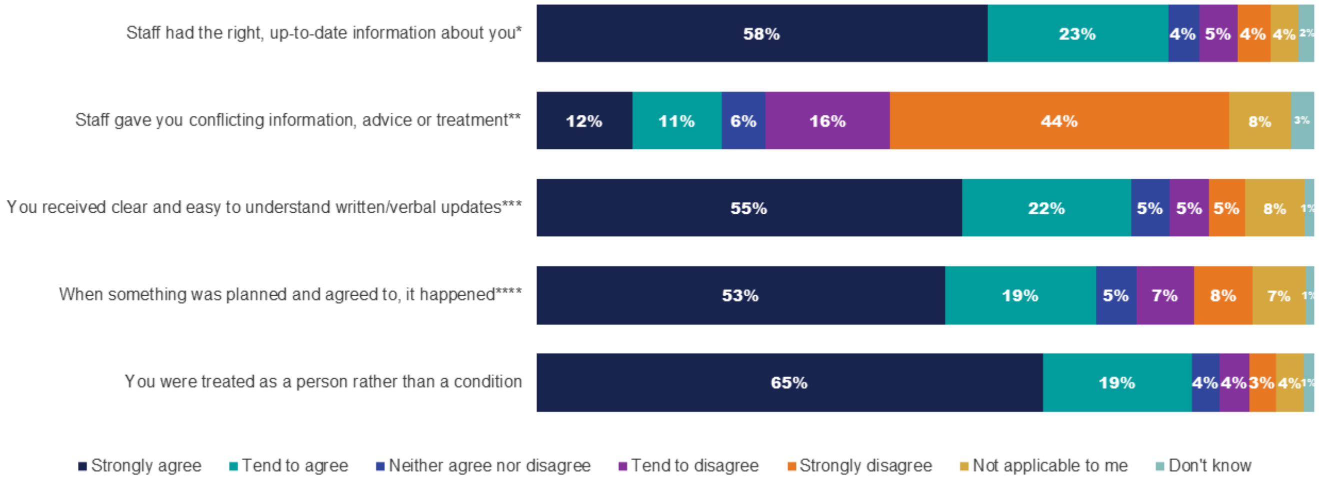
- Asian and Asian British people are less positive than average regarding being involved as much as they wanted to be in decisions about their care and treatment, and feeling listened to. For example, nearly half of them chose the code ‘yes, to some extent’ (43%, as opposed to 21% on average) and only a third (35%, as opposed to 59% on average) chose the code ‘yes, definitely’ when answering about involvement in decision making.

4.7 Perceptions of staff and information

People aged 65 and over who have used health or social care services over the last six months also tend to be positive about the information staff have had access to and the information staff have shared with them. Around four in five agree that staff at the different services had the right, up-to-date information about them (81%) and that they received clear and easy to understand written/verbal updates from staff at the different services about what was happening about their treatment and care (77%). While still positive overall, people aged 65 and over who have used health or social care services in the past six months are less positive about the consistency of the information they have received. One-quarter (24%) agree that staff at different services gave them conflicting information, advice or treatment, though (60%) disagree.

In terms of how they were treated, again people aged 65 and over who have used health or social care services in the past six months are positive, with many (84%) agreeing that they were treated as a person rather than a condition. Coordination of care is also viewed positively, with around seven in ten (72%) agreeing that when something was planned and agreed to, it happened without them having to chase around for it, for example for medication or equipment.

Figure 4.7: Q16.To what extent do you agree or disagree with each of the following services over the last six months?



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months (4,013). Survey conducted by telephone between 17 May and 12 June 2022.
*Full code text "Staff at the different services had the right, up-to-date information about you"
** Full code text "Staff at a different services gave you conflicting information, advice or treatment"
*** Full code text "You received clear and easy to understand written/verbal updates from staff at the different services about what was happening about your treatment and care"
**** Full code text "When something was planned and agreed to, it happened without you having to chase around for it, for example for medication or equipment"

Gender differences are consistent with those previously observed: men are more positive than women about the services they have used in the previous six months. The differences are most pronounced in relation to receiving clear and easy to understand updates from staff (80% compared with 73%) and things happening without them having to chase around for it (76% compared with 69%).

There are differences by social grade, with those in groups A and B more likely to agree that things happened without them having to chase around for it (75%, compared with 69% of those in groups D and E) and that they were treated as a person rather than a condition (87% compared with 82%). They are also less likely to agree that they were given conflicting information, advice or treatment (20% vs. 27%).

Disabled people are more critical than non-disabled people. This applies to all of the statements, except for receiving clear and easy to understand updates, where there is no difference. The largest difference is in the proportion who agree that staff at the different services had the right, up-to-date information about them (77% compared with 84%). People with multiple long-term health conditions are less likely to agree that they were treated as a person rather than a condition (82%).

Those with caring responsibilities are less likely to agree that they received clear and easy to understand updates (74%) and that things happened without them having to chase around for it (68%).

Participants who have used three or more different health services in the previous six months are more likely to agree with all of the positive statements, compared with those that had used one or two. The largest difference is in the proportion who agree that they received clear and easy to understand updates from staff (79% compared with 72%).

People who are currently on a waiting list for health services have a more negative view of the service they have received. The difference is most pronounced in relation to things happening without them having to chase around for it (63% agree, compared with 75% of those not on a waiting list). Those who are on a waiting list for care assessment are more likely to agree that staff gave them conflicting information, advice or treatment (40% compared with 23% of those not on a waiting list), while they are less likely to agree that they received clear and easy to understand updates (67% compared with 77%).

Attitudes are again less positive in more deprived areas. The largest difference concerns agreement that staff at different services gave them conflicting information, advice or treatment. In the most deprived areas, 29% agree with this statement, compared with 20% in the least deprived areas.

Finally, Asian and Asian British people appear to be slightly more negative than average on some of these statements: they are less likely than average to strongly agree that they were treated as a person rather than a condition (46% vs 65%), or that when something was planned and agreed to, it happened without you having to chase around for it, for example for medication or equipment (35% vs 53%). Similarly, they are also less likely than average to strongly disagree that staff at different services gave them conflicting information, advice or treatment (27% vs 44%).

5. Waiting for care assessment, diagnosis, tests or treatments

5.1 Chapter summary

- In total, 22% of people aged 65 and over who have used health or social care services say they are currently on a waiting list for health services like diagnostic tests, mental health services, consultant appointments, an operation or a therapeutic service such as physiotherapy, while three per cent (102 out of 4,013 people in the weighted sample) say they are currently waiting for a care needs assessment from their local authority.

- Among those who are on a waiting list for health services, although over half (53%) feel well supported by health and social care services, a significant minority of 37% do not feel well supported. Findings are similar for those waiting for a care needs assessment: 57% feel well supported, while 36% do not feel well supported.

- Of those on a waiting list for health services, 41% say that the impact of their condition is now worse than when they were first referred, while 11% say the impact is now better, and 45% say there has been no change.

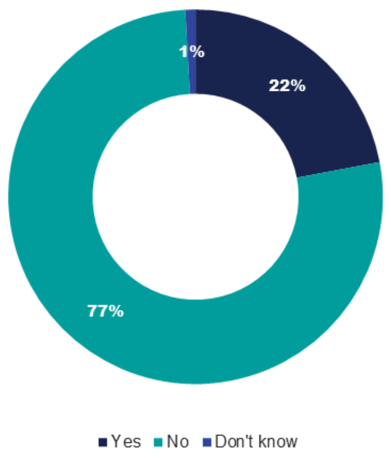
- Findings are similar for those on a waiting list for care needs assessment: 40% say that their ability to carry out day-to-day activities is now worse than when the assessment was requested, while 15% say it is now better and 36% say there has been no change.

- Looking at what could help people who are waiting, around two in five say nothing could help them manage their condition (39% of those waiting for health services) or keep safe (with 31% of those waiting for a care assessment saying they do not need anything else and 13% that they really need the services they are being assessed for and nothing else will help). However, greater clarity about waits would help around one in five, with 22% of those on a waiting list saying that knowing where they are on the waiting list or how much longer they will have to wait would help and 19% saying that knowing when they will have their care assessment would help.

5.2 Volume of people on health waiting lists

Around one in five people aged 65 and over who have used health or social care services over the last six months (22%) say they are currently on a waiting list for health services, including diagnostic tests, mental health services, consultant appointments, an operation or a therapeutic service such as physiotherapy.

Figure 5.1: Q20 Are you personally currently on a waiting list for health services like diagnostic tests, mental health services, consultant appointments, an operation or a therapeutic



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months (4,013). Survey conducted by telephone between 17 May and 12 June 2022.

Disabled people are more likely than those without a disability to be on a waiting list for health services (33% vs 14%), as are people with multiple long-term health conditions (29%, compared with 23% with one condition and 13% with none).

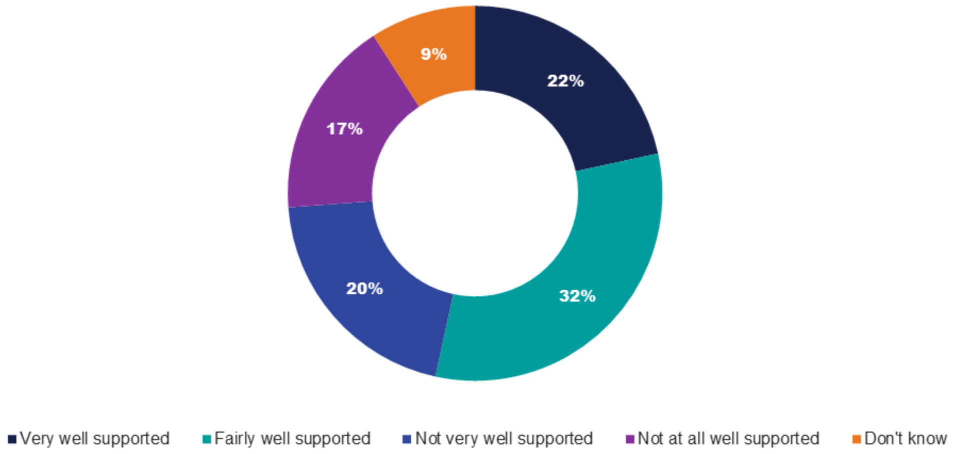
People in the following groups are also more likely than average to be on a waiting list for health services:

- Those in social grades D and E (24%).
- Those with caring responsibilities (25%).
- Those who have used three or more different health services in the past six months (28%) and those who use health services at least once a month (26%).
- Users of social care services (30%).
- Those receiving unpaid care (35%).

5.3 Level of support

Among people who are on a waiting list for health services, just over half (53%) say they feel well supported by health and social care services while they are on the waiting list, while more than one-third (37%) do not feel well supported.

Figure 5.2: Q22. How supported do you feel by health and social care services while you are on the waiting list?



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months and are currently on a waiting list for health services (882). Survey conducted by telephone between 17 May and 12 June 2022.

More frequent users of health services are more likely to feel well supported (57% of those who use services at least once a month), while users of social care services (62%) and those receiving unpaid care (58%) are also more likely to say they feel well supported (all compared with 53% overall).

Disabled people are more likely to say they do not feel well supported while they are on the waiting list for health services (41%, compared with 37% overall).

People who do not feel well supported while on the waiting list report a mixed experience with health and social care services. For example:

- three in ten of them (29%) describe the care and support they have received for their health and wellbeing over the last six months as very or fairly poor (as opposed to 7% of those who feel well supported, and 11% on average across the whole sample). Still, a quarter of them (24%) rate the care and support they have received as very good, which means they may be happy with the quality of the care and support received but not the amount.

- related to the above, over a quarter of them (27%) feel they have not received the care and support they have needed for their health and wellbeing at all over the last six months (as opposed to 7% among those who feel well supported, and 14% on average across the whole sample). Still, half of them (50%) say they have received the care and support they have needed ‘to some extent’.

5.4 Understand what would help to manage condition

People who are currently on a waiting list for health services were asked what information, activities or services would help them to manage their condition while they are on the waiting list. The most common answers are knowing where they are on the waiting list or how much longer they will have to wait (22%) and knowing that they are still on the waiting list and haven’t been forgotten (14%). This question was multi-coded, and some people gave both responses – in total 27% of people on a health waiting list were coded into one or two of these two responses, indicating that improved communications around waiting time would make a difference to over a quarter of those who are on a waiting list. Around two in five (39%) say that they don't need any more help.

Figure 5.3: Q23. What information, activities or services would help you to manage your condition while you are on the waiting list?

Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months and are currently on a waiting list for health services (882). Survey conducted by telephone between 17 May and 12 June 2022.
*Full code text "More information about what you can do to help yourself/manage your condition at home"

Findings are mainly consistent across demographic groups in terms of the information, activities or services that would help people to manage their condition while they are on the waiting list. Those with caring responsibilities are more likely to say that it would help if they knew where they were on the waiting list or how much longer they would have to wait (27%), and if they knew they were still on the waiting list and had not been forgotten (20%).

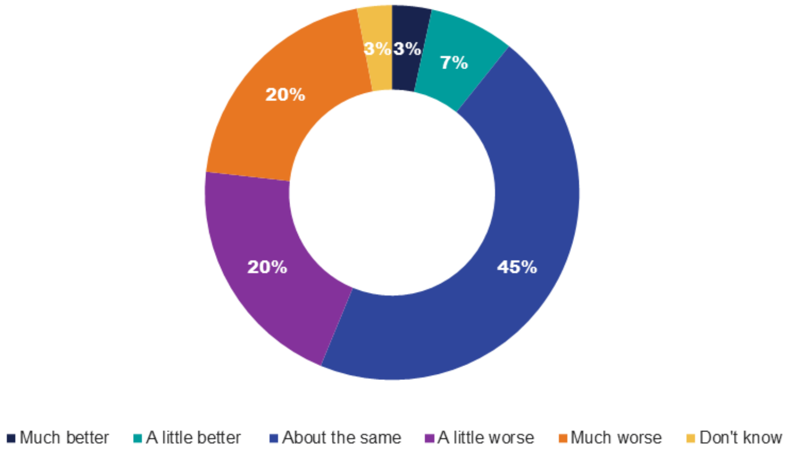
Disabled people are more likely to mention specific types of support, such as more help with managing any pain (eight per cent or 41 out of 521 people), being able to get an appointment (seven per cent or 36 out of 521 people) and more help at home (six per cent or 31 out of 521 people). These answers are also more likely to be given by groups that contain a high proportion of disabled respondents, such as more frequent users of health and social care services.

5.5 Impact of waiting on condition

Participants were asked about the health condition for which they are on a waiting list for health services, and specifically what its impact is on their ability to carry out day-to-day activities, in comparison with when they were first referred.

Two in five people on a waiting list for health services (41%) say that the impact of their condition is now worse than when they were first referred, while one in ten (11%) say the impact is now better. For 45%, there has been no change in the impact of their condition on their ability to carry out day-to-day activities.

Figure 5.4: Q24. Thinking about the condition you are on a waiting list for, what is its impact on your ability to carry out day-to-day activities in comparison with when you were first referred?



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months and are currently on a waiting list for health services (882). Survey conducted by telephone between 17 May and 12 June 2022.

Disabled people are more likely than non-disabled people to say that the impact of their condition is now worse than when they were first referred to a waiting list (52% compared with 23%). Those with multiple long-term conditions are more likely to say the impact has got worse (49%) than those with one long-term condition (37%) or with none (27%).

The proportion saying that the impact has got worse is also higher in groups that contain a high proportion of disabled respondents, such as more frequent users of health services and users of social care services. It is also higher among those living in the most deprived areas (52%) than in the least deprived areas (33%).

People who are getting worse while waiting consistently report poorer experience:

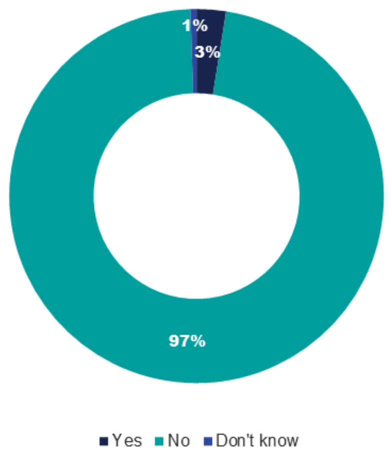
- They are less likely to rate the care and support received for their health and wellbeing over the last six months as good (68% vs 78% on average), and more likely than average to rate it as poor (21% vs 11%);

- They are also more likely than average to say they have not received the care and support they have needed for their health and wellbeing over the last six months (22%, as opposed to 14% on average). Still, a third of them (34%) say they have received the care and support they needed ‘completely, and this despite being on a health waiting list and reporting their ability to carry out day-to-day activities as getting worse while waiting.

5.6 Volume of people on Local Authority needs assessment waiting lists

In total, three per cent (102 out of 4,013 in the weighted sample) of people aged 65 and over who have used health and social care services over the last six months say they are currently waiting for a care needs assessment from their local authority.

Figure 5.5: Q25. Are you personally currently waiting for a care needs assessment from your local authority?



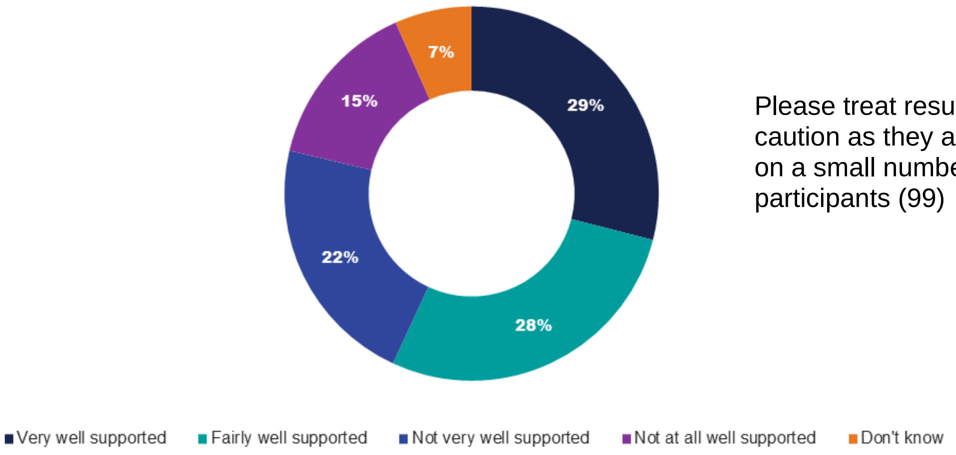
Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months (4,013). Survey conducted by telephone between 17 May and 12 June 2022.

This proportion is generally consistent across demographic groups but is higher among disabled people (four per cent or 67 out of 1,558 people), those with multiple long-term health conditions (four per cent or 54 out of 1,386 people), users of social care services (seven per cent or 33 out of 487 people), people who use health services every day or most days (six per cent or six out of 98 people), those receiving unpaid care (five per cent or 41 out of 843 people) and those living in the most deprived areas (four per cent or 31 out of 729 people). Please treat the following results for those waiting for care assessments with caution, as they are based on a small number of participants (99 in the unweighted sample).

5.7 Level of support received

Those who are currently waiting for a care needs assessment from their local authority generally feel well supported, though a significant minority do not. More than half (57%) say they feel well supported while they wait, including 29% who feel *very* well supported. Around one-third (36%) do not feel well supported. These views are similar to those expressed by those who are on a wating list for health services (section 5.4).

Figure 5.6: Q27 And how supported do you feel you are while you wait for the care needs assessment?



Please treat results with caution as they are based on a small number of participants (99)

Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months and are currently on a waiting list for a care needs assessment (99). Survey conducted by telephone between 17 May and 12 June 2022.

5.8 Understand what would help to manage condition

People who are currently waiting for a care needs assessment were asked what information, activities or services would help to keep them safe while they wait for the needs assessment. The most common answers are knowing when they will have the needs assessment (19%), getting more information about how social care services work and how to access them (17%), more help for them to get out and about (10%, or 10 out of 102 in the weighted sample who are on a list for a care needs assessment) and more help at home (nine per cent or nine out of 199 people). In addition, 31% say that they do not need anything else, while 13% say they really need the social care services they are being assessed for, and that nothing else will help[8].

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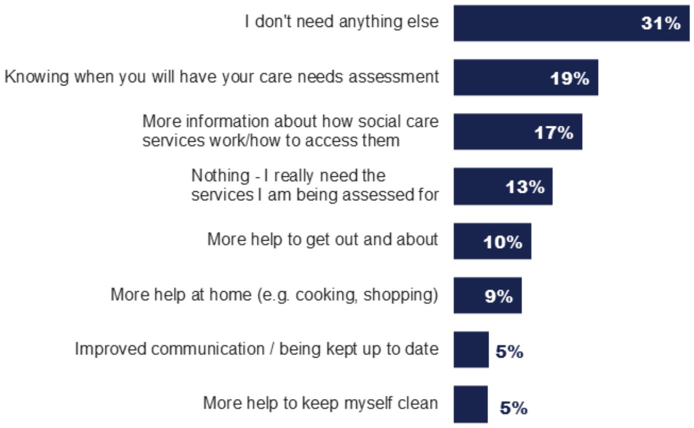
[8] While this question could be multi-coded, nobody chose both of these responses.

Figure 5.7: Q28.What information, activities or services would help to keep you safe while you wait for the needs assessment?



Please treat results with caution as they are based on a small number of participants (99)

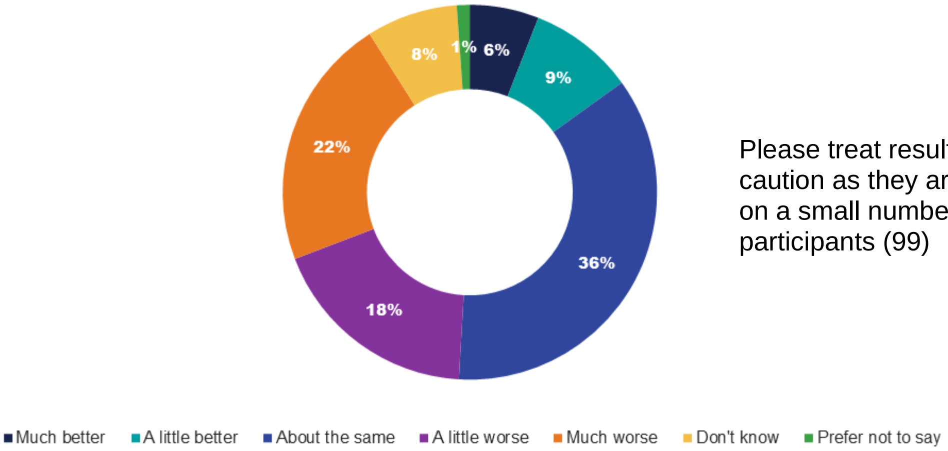
Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months and are currently on a waiting list for a care needs assessment (99). Survey conducted by telephone between 17 May and 12 June 2022.
*Full code text "Nothing – I really need the social care services I am being assessed for, and nothing else will help"

5.9 Impact of waiting on condition

Participants were asked whether their ability to carry out day-to-day activities has changed since they requested a care needs assessment, or someone requested it on their behalf.

Two in five of those waiting for a care needs assessment (40%) say that their ability to carry out day-to-day activities is now worse than when the assessment was requested, while 15% say it is now better. Around one-third (36%) say there has been no change. These findings are similar to those who are currently on a waiting list for health services (section 5.6).

Figure 5.8: Q29. How has your ability to carry out day-to-day activities changed since you requested a care needs assessment, or someone requested it on your behalf?



Please treat results with caution as they are based on a small number of participants (99)

Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months and are currently on a waiting list for a care needs assessment (99). Survey conducted by telephone between 17 May and 12 June 2022.

6. Social Networks

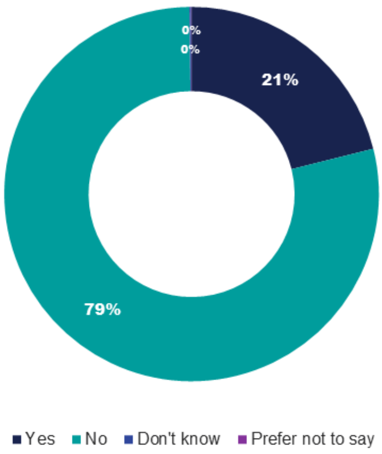
6.1 Chapter summary

- Around one-in five people who have used health or social care services over the last six months (21%) receive unpaid help or support from family or close friends / neighbours because of a long-term physical or mental ill health / disability, or problems related to getting older.
- In general, people aged 65 and over who have used health or social care services over the last six months find it easy to get help from close family members, friends or neighbours if they need it (86% for close family members and 80% for friends/neighbours).
- A third of respondents are carers (33%), and this proportion increases to 40% among ethnic minorities.
- Around half of people aged 65 and over who have accessed health or social care services over the last six months say they do not engage in any organised or group activities that contribute to health and wellbeing (48%). However, others are taking part in a range of organised activities not related to health and social care services that contribute to their health and wellbeing. Three in ten engage in groups for exercise or hobbies (31%), while 18% take part in volunteering and 16% in religious activities.
- Engagement with groups and activities that contribute to health and wellbeing has not changed compared with before the pandemic started for two-thirds of adults aged 65 and over who have used health or social care services over the last six months (65%).
- Being worried about contracting COVID-19 is the main reason cited by the 20% of people who access groups and activities that contribute to health and wellbeing less often than before the pandemic (mentioned by 36%). The groups or activities no longer running (24%) and being too unwell to take part (20%) are also cited as key factors for participating less.
- Differences between groups are consistent throughout: people who are disabled or have a long-term condition, those who are on a health waiting list, and those who are accessing health or social care services every day or almost every day find it harder to get help from their social networks, are less likely to participate in health and wellbeing activities, and are more likely to access these activities less often compared with before the pandemic.

6.2 Proportion of those who have help

Around one in five people who have used health or social care services over the last six months (21%) receive unpaid help or support from family members, friends or neighbours because of a long-term physical or mental ill health / disability, or problems related to getting older.

Figure 6.1: Q30. Do you receive any unpaid help or support from family members, friends, neighbours or others because of either long-term physical or mental ill health / disability?



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months (4,013). Survey conducted by telephone between 17 May and 12 June 2022.

Those who receive this help are more likely to be aged over 75 (26%, compared with 17% of 65-74 year olds), women (24%, compared with 17% of men), in C1, C2, D or E social grades (C1/C2 – 20%, DE – 27%, compared with 16% of those in social grades A and B) or have a disability (43%, compared with six per cent or 152 out of 2,382 of non-disabled people).

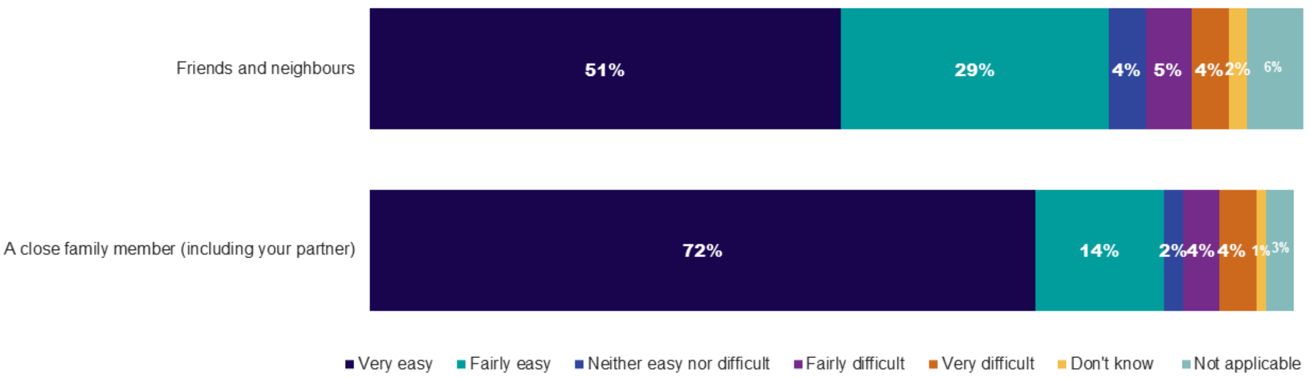
There are also some differences by the number of health and social care services used, which could be an indication of individuals' care and support needs. Those who have used three or more health services in the past six months are more likely to have unpaid help (25%, compared with 14% of those that have only used one or two services). A similar pattern can be seen among those who have used one or two social care services in the past six months (53% have unpaid help, compared with 16% of those who have not used any social care services).

In addition, those who are on a waiting list for health services or care assessments are more likely to have help than those who are not on a waiting list (health – 34% vs 17%, care assessment – 41% vs 21%).

6.3 Ease of getting help from a close family member, friends or neighbours

The vast majority of people aged 65 and over who have used health and social care services in the last six months find it easy to get help from a close family member (86%) or friends / neighbours (80%) if it is needed. Fewer than one in ten state that they find this difficult (nine per cent or 348 out of 4,013 people, for both sources of help).

Figure 6.2: Q34. If you need help, how easy is it for you to get help from the following people?



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months (4,013). Survey conducted by telephone between 17 May and 12 June 2022.

The ease of getting help varies by demographics. Those aged 65 to 74 are more likely to find it easy to get help from a close family member than those aged 75 and over (88% compared with 84%), as are men (87%, compared with 85% of women), those from social grades A and B (88%, compared with 84% of those from social grades D and E), those who are not disabled (89%, compared with 82% of those who are disabled), have no long-term condition (90%, compared with 84% among people with at least one long-term condition), or use health and social care services infrequently (87%, compared with 77% of those who use them every day or most days). A similar pattern can be observed when looking at the ease of getting help from friends and neighbours by social grade, disability, number of long-term conditions and frequency of service use. This suggests that those with a higher level of care and support needs find it harder to get help from their social network when they need it.

Those on a waiting list for health services or a care assessment are slightly less likely than those who are not to find it easy to get help from a close family member (84% vs 87% for health waiting lists, 76% vs 86% for care assessment), and the same pattern can be observed when asking about the ease of getting help from friends and neighbours. More importantly, it is those who are getting worse while on a health waiting list who are finding it difficult to get help (12% find it difficult to get help from family and 14% from friends and neighbours, as opposed to 9% on average for both).

People who find it difficult to get help hold more negative views about their experience with health and care services. For example, those who find it difficult to get help from a close family member are less likely than those who find it easy to say they have received all the care and support they needed for their health and wellbeing over the last six months (72% vs 82%), or that they have been involved as much as they wanted to be in decisions about their care and treatment (73% vs 81%).

6.4 Caring for someone else

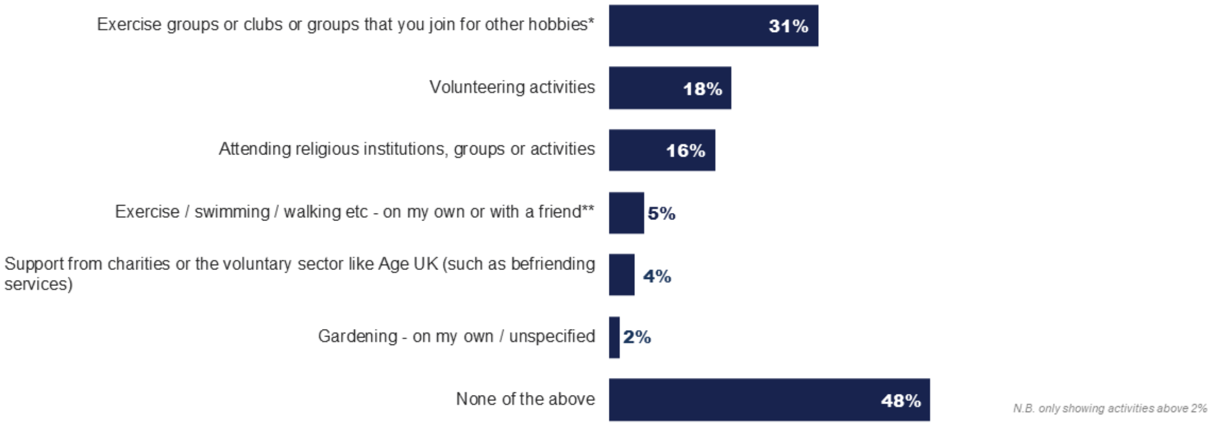
A third of people aged 65 and over who have used health and social care services over the last six months say they look after, or give help or support to, family members, friends, neighbours or others because of either long-term physical or mental ill health, disability, or problems related to old age (33%).

The proportion is higher among ethnic minorities including white ethnic minorities (40% compared with 32% among white British), and among people aged 65 to 74 (34% as opposed to 31% among those aged 75 and over). Being a carer is also more common among people from social grades AB (37%, compared with 29% among DEs) and – related to this – among people living in affluent areas (35% as opposed to 28% in the most deprived areas). Carers are also over-represented among people on a health waiting list: 37% of them are carers, as opposed to 32% of people who are not on a health waiting list.

6.5 Health and wellbeing activities

Just under half of people aged 65 and over who have used health or social care services over the last six months are not taking part in any organised groups or activities that contribute to their health and wellbeing (48%). However, others are taking part in a range of activities not related to health and social care services that contribute to their health and wellbeing. Three in ten take part in groups such as exercise clubs, clubs for hobbies such as knitting, or lunch clubs (31%), while 18% take part in volunteering activities and 16% attend religious institutions, groups or activities. Note that the list of codes read out to respondents focused on organised activities, but some people chose the ‘other, please specify’ code and mentioned activities they do on their own or with a friend such as gardening or exercise – these were subsequently coded. It is possible that more people would have chosen these codes if they had been read out alongside the codes focusing on organised groups and activities.

Figure 6.3. Q31. And which of the following groups or activities that contribute to your health and wellbeing have you done or attended in the last six months?



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months (4,013). Survey conducted by telephone between 17 May and 12 June 2022.
*Exercise groups like swimming, walking or yoga groups or clubs or groups that you join for other hobbies like playing cards or knitting, or lunch clubs
**Exercise / swimming / walking etc – on my own / with a friend / not in a group / unspecified

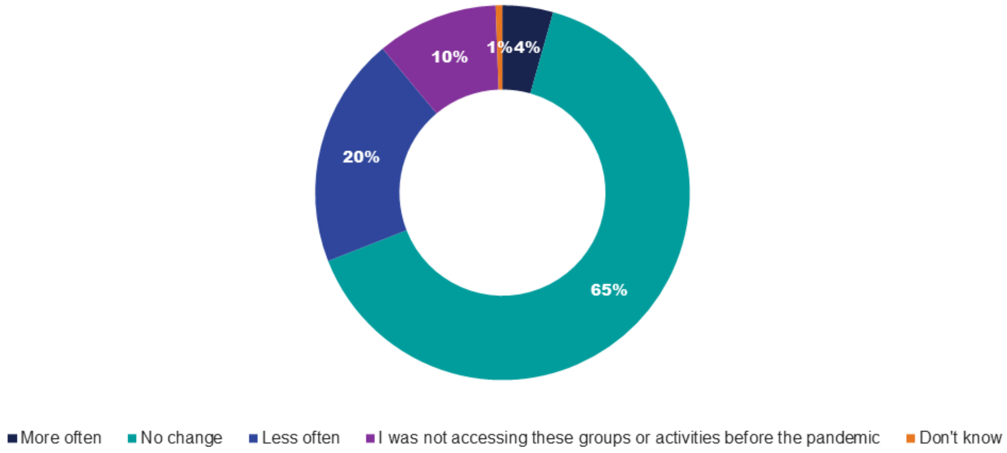
Not taking part in any groups or activities that contribute to health and wellbeing is more common among disabled people (54%, compared with 44% of non-disabled people), people with at least one long-term condition (50%, compared with 45% of those with no long-term conditions), daily users of health or social care services (68%, compared with 48% overall), those from social grades D and E (60%, compared with 48% overall) and those living in the most deprived areas (56%, compared with 43% of those living in the least deprived areas). Note that many of these groups overlap. People who have caring responsibilities are more likely to take part in groups or activities that contribute to their health and wellbeing (41% do not, compared with 52% of people who do not have caring responsibilities).

By contrast, groups such as exercise groups, groups for other hobbies such as knitting, or lunch clubs are particularly popular among women (35%, compared with 27% of men), those from social grades A and B (45%, compared with 22% among those in social grades D and E), those without a long-term condition (36%) or disability (36% when compared with 24% of those with a disability), those who use health and social care services infrequently (34%), and who are not on a waiting list (33%, compared with 26% of those on a health waiting list and 32% compared with 21% of those awaiting a care needs assessment). Similar differences can be observed when looking at volunteering activities. Attending religious institutions, groups or exercises is much more common among people from ethnic minority backgrounds than among those from a White British ethnic background (25% vs 15%) and among those from social grades A and B (23%, compared with 10%, or 89 out of 1115, among those from social grades D and E).

6.6 Change in levels of engagement with activities that contribute to health and wellbeing

Nearly two-thirds of those aged 65 and over who have used health or social care services over the last six months (65%) have not changed their level of engagement with activities that contribute to health or wellbeing since the pandemic. However, one in five (20%) now participate less often than before the pandemic and only a small proportion take part more often (four per cent). The remainder (10%, or 420 out of 4,013) were not accessing these groups or activities before the pandemic.

Figure 6.4: Q32. Compared with before the pandemic started, do you currently access groups and activities that contribute to your health and wellbeing more or less often, or has there been no change?



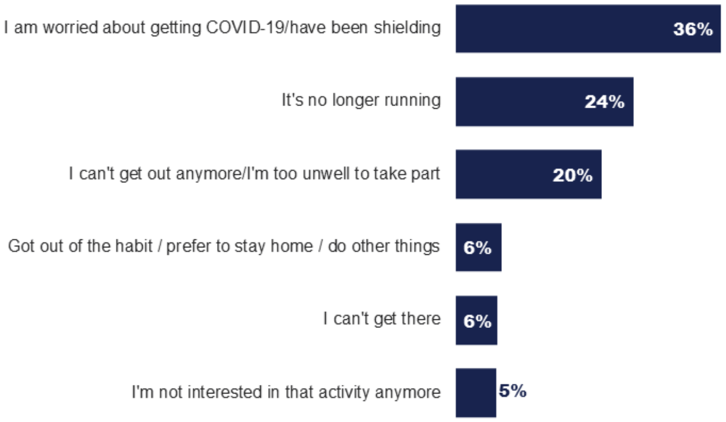
Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months (4,013). Survey conducted by telephone between 17 May and 12 June 2022.

Reducing one's engagement with activities that contribute to health and wellbeing is more frequent among women (23%, compared with 16% of men), disabled people (26%, compared with 16% of non-disabled people), those with at least one long-term condition (23%, compared with 15% of people who have none), those who receive unpaid care (27%, compared with 18% of those who do not) and those who are on a health waiting list (24%, compared with 19% of those who are not).

6.7 Reasons for reducing amount of time taking part

People who said they were accessing groups or activity that contribute to health and wellbeing less often than before the pandemic were asked why. Being worried about contracting COVID-19 or shielding is the main reason, mentioned by over one-third (36%). Other reasons include the groups / activities no longer running (24%) and the individual being too unwell to do it or unable to get out anymore (20%).

Figure 6.5: Q33. You said that you access groups and activities that contribute to your health and wellbeing less often than before the pandemic. Why is that?



Base: All respondents aged 65 and over living in England who have used health or social care services over the last six months and access groups and activities less often (789). Survey conducted by telephone between 17 May and 12 June 2022.

Being worried about COVID-19 or shielding is more common among those aged 65 to 74 (41%, compared with 31% of those aged over 75), while being too unwell to engage in activities is much more frequently mentioned by disabled people (32%, compared with eight per cent or 30 out of 384 of non-disabled people) and those with at least one long-term condition (24%, compared with five per cent (10 in 188 people) of those with none).

7. Conclusions

This chapter of the report draws together the key findings into key themes around where the NHS and social care services are working well and where they are working less well, including particular groups within the population where they seem to be working well or less well.

7.1 Access and quality of health and social care services

Overall, people aged 65 and over who have used health and social care services in the last six months tend to describe the care and support they have received as good and feel they have received the care and support they thought they needed, at least to some extent. This suggests that, at a broad level, health and social care services are delivering what patients and service users feel they need. Encouragingly, those with greater levels of interaction with health and social care services tend to be more positive. It is worth noting that generally, older people can tend to be more positive about the services they receive than other age groups, and number of health services used as well as frequency of use increase with age. There is no trend data for this survey to track changes in experiences of care over time.

People aged 65 and over who have used health and social care services in the last six months tend to be satisfied with access to these services, both when they need them and in a way that suits them. However, satisfaction with the processes by which people book appointments is lower, while poor availability of health professionals and services is the reason most commonly given where people feel they have not received the care and support they need at all, or they have only to some extent. Systems could therefore focus on improving the availability of health professionals and services in order to improve people’s experiences, and in particular the processes by which appointments are booked (with changes to GP practice booking systems likely to be most impactful).

The quality of health and social care services provided is largely perceived to be good. For example, people aged 65 and over who have used health or social care services generally feel like they have been listened to and treated as a person rather than a condition. A particular strength is being treated fairly in the care and support provided to them. The information that staff have is also viewed positively overall, with many agreeing that staff had the right, up-to-date information about them for example – there is an opportunity to improve staff giving them conflicting information, advice or treatment, albeit that still only a minority felt this was the case for them.

7.2 Health inequalities

Although positive at an overall level, the findings highlight that there are risks to health inequalities. For example, in relation to access to health and social care services, people in social grades D and E and people living in deprived areas have used fewer services over the last six months. They use fewer services like dentists, GPs and non-urgent hospital appointments, though they also tend to use services more frequently. Disabled people, those with a long-term health condition or conditions and people living in more deprived areas are less satisfied with being able to access services when they need them and in a way that suits them.

In addition, some groups of people consistently report poorer experiences of care and support than others (for example of being listened to or treated fairly): women, disabled people and those with multiple long-term conditions, people living in more deprived areas, people in social grades D and E, and people with caring responsibilities. Some of these variables have a cumulative effect: disabled people living in deprived areas report poorer experience in terms of quality of care and access to care and support than disabled people living in affluent areas, and the same can be said about carers.

Systems may therefore want to focus on how they can improve care and support for these groups of older people, perhaps focusing on those that cumulate disadvantages in priority, and avoid further exacerbating health inequalities.

7.3 Social networks

Just under half of people aged 65 and over who have used health or social care services in the last six months have accessed groups or activities that contribute to their health and wellbeing. Others may have accessed similar activities, but do not view this as contributing to their health and wellbeing. This does suggest though that there is room for systems to help older people to access groups and activities.

Overall, people aged 65 and over who have used health or social care services in the last six months find it easy to get help from a close family member or friends / neighbours if it is needed, demonstrating strong social networks. However, those most likely to need help (for example, due to old age, a disability, being on a waiting list) find it comparatively harder to get help from family, friends and neighbours when they need it. Similarly, those with greater care and support needs tend to be less likely to attend groups or activities that contribute to their health and wellbeing. From the survey data, it is not possible to ascertain if they are less likely to attend because of health-related issues such as difficulties getting out, or if their health and wellbeing may be poorer due to not accessing these types of activities. Equally, it could be a combination of these possibilities – as people’s health declines it is more difficult to access these activities, and consequently their health and wellbeing declines further.

Systems may therefore wish to consider how to reach out to this population of people with greater needs but weaker support networks, perhaps via the voluntary sector, to help them expand their social networks and access groups and activities that benefit their health and wellbeing. In addition, qualitative research with those who have greater care and support needs would help to unpick how social networks and activities and groups may contribute to their health and wellbeing and the barriers to developing these strong networks. This would allow systems to explore the extent to which poor health may contribute to or result from weaker social networks, and identify ways of addressing these challenges.

Finally, people who find it difficult to get support from family or friends and neighbours, and who do not attend groups and activities that contribute to their health and wellbeing, are slightly less positive about some aspects of health and social care services. For example, they are less likely to say their care and support needs have been met and that they definitely feel involved in decisions about their treatment. This may be a reflection of the demographic characteristics of this group, for example being more likely to live in deprived areas and be disabled, groups who are also generally less positive. This suggests that there is a risk of exacerbating health inequalities, since these groups have slightly worse experiences of health and social care services as well as having less developed social networks.

7.4 Experiences of those waiting for health services or a care assessment

Those who are currently waiting, either for health services or for a care assessment, are consistently more negative about health and social care services, in relation to access, the quality of care and the coordination of care. Significant minorities do not currently feel well supported, and/or find that their ability to carry out day-to-day activities is getting worse in comparison with when they were first referred to health services or requested a care assessment. Although some of those waiting feel like nothing could be done to help them manage their condition or keep safe while they wait, for others there is a need for further information. Systems should communicate with those waiting to confirm they are on the list and have not been forgotten, and try to give an indication of when they may be seen. Systems may also wish to consider if it is possible to identify those requiring more support, or where their day-to-day activities are increasingly impacted, and target additional support for these people (or potentially prioritise them within the waiting lists).

Appendices

Table 7.1. Weights applied

		All participants
		%
Gender	Male	44.4
	Female	55.6
	Prefer not to say / In another way	0.07
Age	65-74	52.6
	75+	47.4
Ethnicity	White English/Welsh/Scottish/Northern Irish/British	91.0
	Ethnic minorities including white ethnic minorities	8.3
	Don’t know / prefer not to say	0.7
Social Grade	AB	21.8
	C1C2	49.2
	DE	23.7
	Prefer not to say	5.3
ICS	Bath and North East Somerset, Swindon and Wiltshire	1.7
	Bedfordshire, Luton and Milton Keynes	1.4
	Birmingham and Solihull	1.9
	Bristol, North Somerset and South Gloucestershire	1.7
	Buckinghamshire, Oxfordshire and Berkshire West	2.9
	Cambridgeshire and Peterborough	1.5

ICS (continued)	Cheshire and Merseyside	4.9
	Cornwall and the Isles of Scilly Health and Social Care Partnership	1.3
	Coventry and Warwickshire	1.7
	Cumbria and North East	5.9
	Devon	2.8
	Dorset	1.9
	East London Health and Care Partnership	2.0
	Frimley Health and Care ICS	1.1
	Gloucestershire	1.3
	Greater Manchester Health and Social Care Partnership	4.6
	Hampshire and the Isle of Wight	3.6
	Healthier Lancashire and South Cumbria	3.5
	Herefordshire and Worcestershire	1.7
	Hertfordshire and West Essex	2.5
	Humber, Coast and Vale	3.6
	Joined Up Care Derbyshire	2.0
	Kent and Medway	3.5
	Leicester, Leicestershire and Rutland	1.9
	Lincolnshire	1.7
	Mid and South Essex	2.2
	Norfolk and Waveney Health and Care Partnership	2.5

	North London Partners in Health and Care	1.7
	North West London Health and Care Partnership	2.6
	Northamptonshire	1.2
	Nottingham and Nottinghamshire Health and Care	1.8
	Our Healthier South East London	2.2
	Shropshire and Telford and Wrekin	1.0
	Somerset	1.3
	South West London Health and Care Partnership	1.9
	South Yorkshire and Bassetlaw	2.8
	Staffordshire and Stoke on Trent	2.3
	Suffolk and North East Essex	2.1
	Surrey Heartlands Health and Care Partnership	2.0
	Sussex Health and Care Partnership	3.7
	The Black Country and West Birmingham	2.4
	West Yorkshire and Harrogate (Health and Care Partnership)	3.9

Guide to statistical reliability

The variation between the sample results and the ‘true’ values (the findings that would have been obtained if the entire population of people aged 65 and over in England had been interviewed) can be predicted from knowledge of the sample sizes on which the results are based and the number of times that a particular answer is given.

The confidence with which we can make this prediction is usually chosen to be 95%, that is, the chances are 95 in 100 that the “true” values will fall within a specified range. The table that follows illustrates the predicted ranges for different percentage results at the ‘95% confidence interval’.

For example, if the sample shows that 70% of the public are satisfied with being able to access services when they need them, we can be 95% confident that the result (had everyone been interviewed) would have been within around ±2.0 percentage points of this figure – i.e. between 68% and 72% (based on a sample of 4,013) if the entire population of people aged 65 and over using health or social care services had been interviewed.

	Result is at or near…		
	10% or 90%	**30% or 70%**	**50%**
Sample size	±%	±%	±%
4,013	0.9	1.4	1.5
1,500	1.5	2.3	2.5
1,000	1.9	2.8	3.1
500	2.6	4.0	4.4
300	3.4	5.2	5.7
100	4.1	9.0	9.8

Comparing the views of different groups within the sample

A key purpose of the surveys is to compare how results may differ between groups. 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, when comparing sub-groups. To test if a difference in results 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.

For example, if the sample shows that 70% of women are satisfied with being able to access services when they need them, the finding for men must be more than ±2.8 percentage points from this figure for the difference between men and women to be statistically significant.

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	±%	±%	±%
1,840 (men) and 2,172 (women)	1.9	2.8	3.1
Have been involved as much as they wanted in decisions about their care and treatment? Men (1,455) vs. women (1,757)	2.1	3.2	3.5
Felt listened to when discussing their needs with those providing them with care, treatment and support? Men (1,503) vs. women (1,803)	2.1	3.1	3.4
Are personally currently on a waiting list for health services? Men (384) vs. women (500).	4.0	6.1	6.7

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[9].

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[9] 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.

Our standards and accreditations

Ipsos’ standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a “right first time” approach throughout our organisation.

ISO 20252

This is the international market research specific standard that supersedes BS 7911/MRQSA and incorporates IQCS (Interviewer Quality Control Scheme). It covers the five stages of a Market Research project. Ipsos was the first company in the world to gain this accreditation.

Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos endorses and supports the core MRS brand values of professionalism, research excellence and business effectiveness, and commits to comply with the MRS Code of Conduct throughout the organisation. We were the first company to sign up to the requirements and self-regulation of the MRS Code. More than 350 companies have followed our lead.

ISO 9001

This is the international general company standard with a focus on continual improvement through quality management systems. In 1994, we became one of the early adopters of the ISO 9001 business standard.

ISO 27001

This is the international standard for information security, designed to ensure the selection of adequate and proportionate security controls. Ipsos was the first research company in the UK to be awarded this in August 2008.

The UK General Data Protection Regulation (GDPR) and the UK Data Protection Act (DPA) 2018

Ipsos is required to comply with the UK GDPR and the UK DPA. It covers the processing of personal data and the protection of privacy.

HMG Cyber Essentials

This is a government-backed scheme and a key deliverable of the UK’s National Cyber Security Programme. Ipsos was assessment-validated for Cyber Essentials certification in 2016. Cyber Essentials defines a set of controls which, when properly implemented, provide organisations with basic protection from the most prevalent forms of threat coming from the internet.

Fair Data

Ipsos is signed up as a “Fair Data” company, agreeing to adhere to 10 core principles. The principles support and complement other standards such as ISOs, and the requirements of Data Protection legislation.

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About Ipsos Public Affairs

Ipsos Public Affairs works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. Combined with our methods and communications expertise, this helps ensure that our research makes a difference for decision makers and communities.

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