



Research report March 2023

Public satisfaction with the NHS and social care in 2022

Results from the British Social
Attitudes survey

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Introduction

The National Centre for Social Research's (NatCen's) British Social Attitudes (BSA) survey has been conducted annually since 1983. Each year the survey asks people what it's like to live in Britain and what they think about how Britain is run, including measuring levels of public satisfaction with the health and care services.

The most recent survey was carried out between 7 September and 30 October 2022 and asked a nationally representative sample (across England, Scotland and Wales) of 3,362 people about their satisfaction with the National Health Service (NHS) and social care services overall, and 1,187 people about their satisfaction with specific NHS services, as well as their views on NHS funding.

The King's Fund and the Nuffield Trust jointly sponsored the 2022 BSA survey health and care questions reported here. For a second year we asked questions developed in 2021 asking people about their views on what the priorities for the NHS should be and the extent to which they think the founding principles of the NHS should still apply.

The main change between the 2021 and 2022 surveys was to increase the sample size for the question on overall satisfaction with social care to 3,362 to match the overall NHS satisfaction question. This enables a similar level of analysis as we have done for the NHS question and is driven by our organisations' recognition of the importance of social care. This is reflected in the report that follows.

The BSA is a 'gold standard' nationally representative survey that uses a robust methodology to explore public views on a wide range of issues. The methodology uses random probability sampling to select British households to take part. From 1983 until 2019 the survey was conducted through face-to-face interviews. This method was not possible in 2020 due to social distancing rules in place for Covid-19, and that year the BSA survey interviews were conducted primarily online with a telephone option also available. This new method continued in 2021 and 2022, with households receiving a letter inviting up to two adults to take part online or over the phone if they preferred.

Key findings

Satisfaction with the NHS overall in 2022

- Overall satisfaction with the NHS fell to 29 per cent – a 7 percentage point decrease from 2021. This is the lowest level of satisfaction recorded since the survey began in 1983.
- Over half (51 per cent) of respondents were dissatisfied with the NHS, the highest proportion since the survey began.
- The fall in satisfaction was seen across all ages, income groups, sexes and supporters of different political parties.
- The main reason people gave for being dissatisfied with the NHS was waiting times for GP and hospital appointments (69 per cent), followed by staff shortages (55 per cent) and a view that the government does not spend enough money on the NHS (50 per cent).
- Of those who were satisfied with the NHS, the top reason was because NHS care is free at the point of use (74 per cent), followed by the quality of NHS care (55 per cent) and that it has a good range of services and treatments available (49 per cent).

Satisfaction with social care services in 2022

- Just 14 per cent of respondents said they were satisfied with social care. Dissatisfaction with social care rose significantly in 2022, with 57 per cent of people saying they were dissatisfied (up from 50 per cent in 2021).
- Dissatisfaction with social care was high across all ages, income groups, sexes, and supporters of different political parties. People over the

age of 65, those on higher incomes and people of white ethnicity were most dissatisfied.

- The top reason for dissatisfaction with social care was that people don't get all the social care they need (64 per cent) followed by the pay, working conditions and training for social care workers not being adequate (57 per cent) and there not being enough support for unpaid carers (49 per cent).
- Dissatisfaction with social care is higher than dissatisfaction with the NHS overall or any of the individual NHS services asked about – general practice, dentistry, inpatient, outpatient, and A&E services. Social care is also the service with the lowest satisfaction levels.

Satisfaction with different NHS services in 2022

- Satisfaction with GP services fell to 35 per cent in 2022, down from 38 per cent in 2021. This is the lowest level of satisfaction recorded since the survey began. The fall was much less sharp than between 2019 and 2021, when satisfaction fell by 30 percentage points.
- Satisfaction with NHS dentistry fell to a record low of 27 per cent and dissatisfaction increased to a record high of 42 per cent. 24 per cent of respondents said they were 'very dissatisfied' with NHS dentistry – a higher proportion than for other health and care services asked about in the survey.
- Satisfaction with inpatient and outpatient services fell to 35 per cent and 45 per cent respectively. Despite falling by 4 percentage points, outpatients remains the highest-rated service.
- Satisfaction with A&E services dropped 8 percentage points to 30 per cent, also a record low. 40 per cent of respondents said they were dissatisfied with A&E services, an 11 percentage point increase and a new record level of dissatisfaction. This is the largest change in dissatisfaction in a single year since the question on A&E services was first asked in 1999.

Attitudes to NHS funding, priorities and principles

- 83 per cent of respondents believed that the NHS had a major or severe funding problem.
- For the first time since 2015, the most popular option when asked how more money should be raised for the NHS was that ‘the NHS needs to live within its own budget’ (chosen by 28 per cent of respondents). In total, 43 per cent of people chose one of the two options that involved paying more taxes.
- On being asked what the most important priorities for the NHS should be, the top two cited by survey respondents were: increasing the number of staff in the NHS (51 per cent) and making it easier to get a GP appointment (50 per cent). Improving waiting times for planned operations and in A&E were both chosen by 47 per cent of respondents, with the latter seeing a significant increase since 2021.
- As in 2021, a large majority of respondents agreed that the founding principles of the NHS should ‘definitely’ or ‘probably’ apply in 2022: that the NHS should be free of charge when you need it (93 per cent), the NHS should primarily be funded through taxes (82 per cent) and the NHS should be available to everyone (84 per cent).

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

The fieldwork for this year's BSA survey – the 40th BSA survey to be carried out by NatGen – took place against a backdrop of political turbulence and immense pressure on the health service.

The rise and fall of the Liz Truss administration and the death of HM Queen Elizabeth II make this the first BSA survey in which the fieldwork period spans two prime ministers, two health and social care secretaries and the death of a monarch.

For the NHS, the situation was one of sustained pressure as services continued to struggle with recovering from the impact of Covid-19 and the consequences of a decade of squeezed funding and chronic workforce shortages. Last year's survey, which saw satisfaction with the NHS drop to its lowest level since 1997, highlighted the challenges of maintaining public satisfaction in a service struggling to keep up with the level of demand for GP services, hospital appointments and urgent care.

This year, these challenges intensified: in the year between the 2021 BSA survey and this survey's fieldwork period, the waiting list for planned care in England grew by a fifth to 7.1 million in September 2022, with similar lengthening waiting lists in Scotland and Wales. There was an increase in the proportion of patients waiting longer than four hours in major A&E departments, reaching an all-time high of 29 per cent in September 2022, and 12-hour waits to be admitted to a hospital ward have more than quadrupled in England since the last survey. In primary care, access to GPs continued to deteriorate, with the 2022 GP Patient Survey highlighting a sharp drop (14 percentage points) in people reporting a good overall experience of making an appointment.

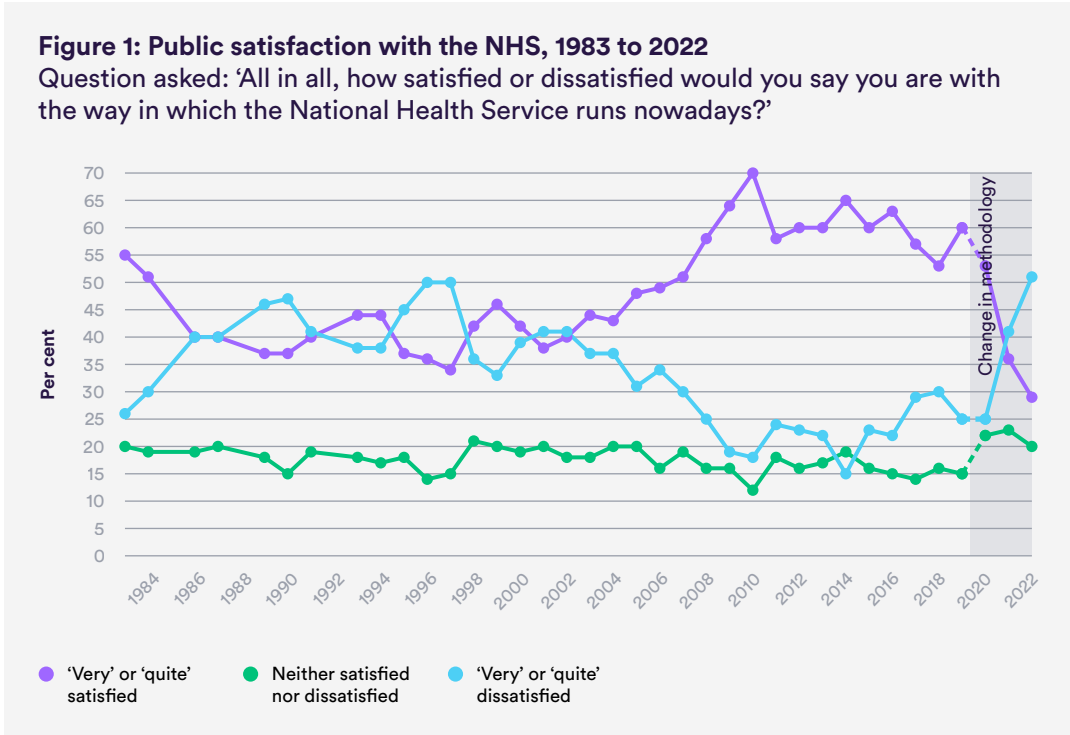
Last year's BSA survey showed that satisfaction had fallen sharply following the long period of Covid-19 disruption to the health service. Since then, the NHS has published plans to recover services back to pre-pandemic levels, with hospital activity at the forefront of these plans due to a focus on reducing the size of the NHS's backlog for planned care. However, with the long timescales required for improvement it seems there is a mountain to climb, not only in recovering performance but also in recovering public satisfaction to its high point of 70 per cent in 2010.

Amid this challenging backdrop and in the context of the unique political, economic and constitutional events of September and October 2022, what do the latest results tell us?

Overall satisfaction with the NHS in 2022

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

In 2022, 29 per cent of the public were 'very' or 'quite' satisfied with the NHS (see Figure 1), a 7 percentage point decrease on the previous year. This is the lowest level of satisfaction recorded since the survey began in 1983. Only 4 per cent of respondents were 'very' satisfied with the NHS.



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2022 sample size = 3,362. This question was not asked in 1985, 1988 and 1992; ‘don’t know’ and ‘refusal’ responses are not shown, in 2022 these response categories were selected by 0.16 per cent of respondents. Data has been carefully weighted to minimise differences due to the change in methodology between 2020 and previous years.

The previous low for public satisfaction was 34 per cent, which was recorded in 1997. From 2001 to 2010 overall satisfaction increased from 38 per cent to 70 per cent. There was a sharp fall in 2011, down 12 percentage points, to 58 per cent. Satisfaction remained relatively stable over the next decade, with small fluctuations up and down until 2020, when satisfaction was recorded at 53 per cent.

The last two years have seen large declines in overall satisfaction. In 2021, satisfaction dropped 17 percentage points to 36 per cent before reaching the new record low in 2022.

The fall in satisfaction in the past year mirrors the increase in public dissatisfaction with the NHS, which rose from 41 per cent in 2021 to 51 per cent in 2022. This is the highest level of dissatisfaction with the NHS

since the survey began, in 1983. Dissatisfaction previously reached 50 per cent in 1996 and 1997, but in the decade prior to the pandemic was averaging at 23 per cent.

How does satisfaction and dissatisfaction vary by population group?

The BSA survey gives us the opportunity to analyse results broken down by different population groups: age, sex, ethnicity, household income, country and political affiliation. In this section we look at satisfaction and dissatisfaction among these different groups in 2022 and how this has changed over time.

Across all population groups we look at whether the results are significantly different from the survey average. We also examine whether the year-on-year changes were statistically significant (see Box 1 below), which offers a sense of how confident we can be in these findings.

Box 1: Statistical significance

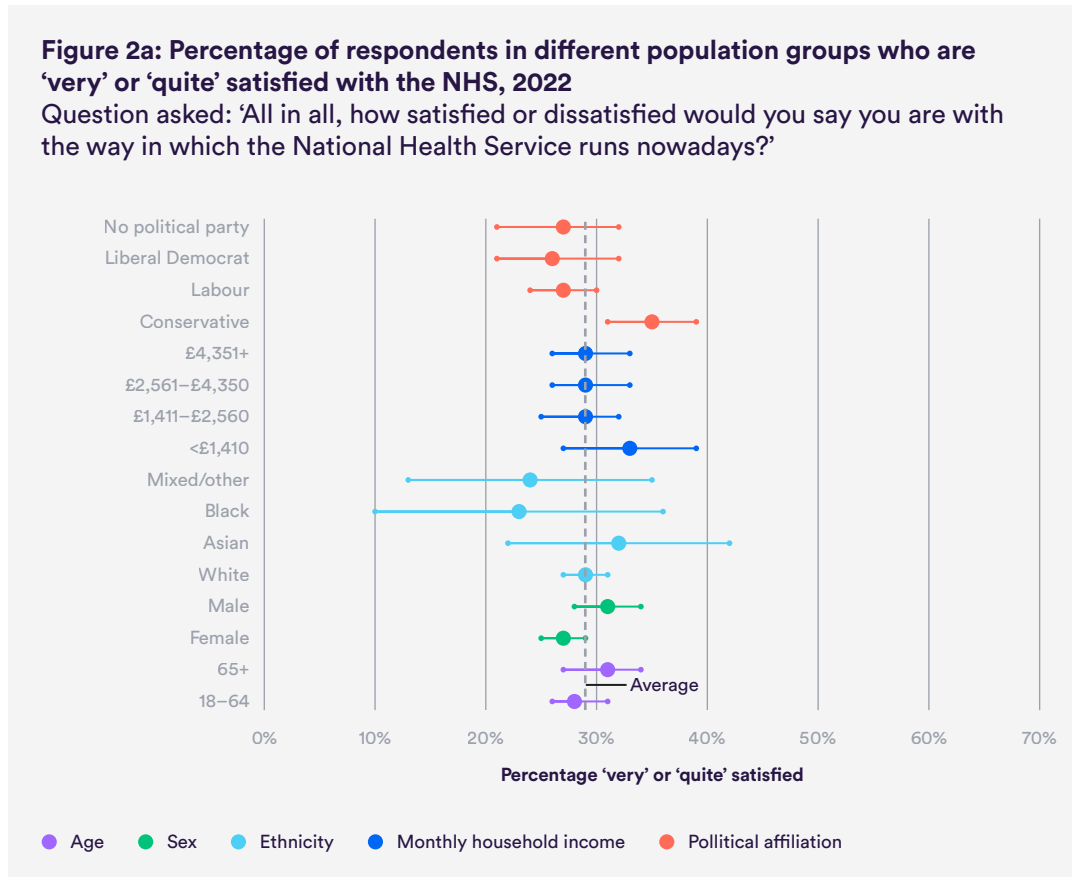
If a change or difference is statistically significant, this means we can be 95 per cent confident that the survey result reflects a real change or difference in public views, rather than being down to chance. Where a change or difference is not statistically significant, we cannot be confident that it reflects a real change or difference in public views.

Satisfaction and dissatisfaction in 2022

Figures 2a and 2b below show satisfaction and dissatisfaction in different population groups in 2022 and how these differed from the average for the whole survey.

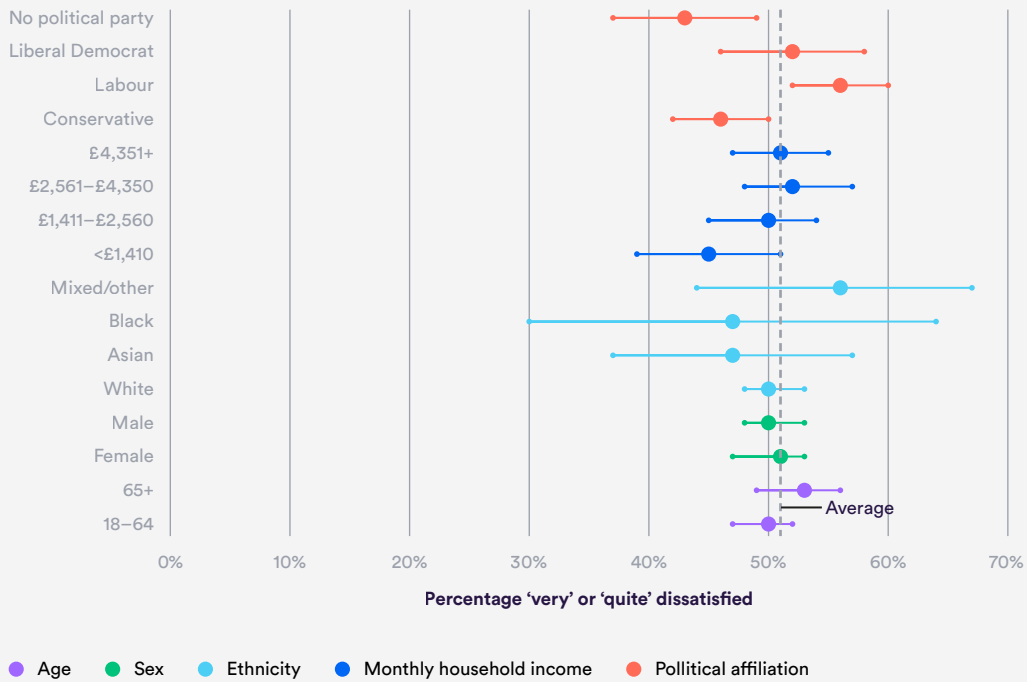
In 2022, supporters of the Conservative party were significantly more satisfied with the NHS (35 per cent) compared to the survey average. While other supporters of other political parties showed differences in satisfaction levels relative to each other, these differences were not statistically significant.

Figure 2a shows that male respondents were more satisfied with the NHS than female respondents, and people from low-income households tended to be more satisfied than middle- and high-income households, but these differences were not statistically significant.



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2022 sample size = 3,362. Average values and 95 per cent confidence intervals. Results with low base sizes should be viewed with caution (Black n=58; Asian n=157; Mixed/other ethnicity n=116; Wales n=149).

Figure 2b: Percentage of respondents in different population groups who are ‘very’ or ‘quite’ dissatisfied with the NHS, 2022
 Question asked: ‘All in all, how satisfied or dissatisfied would you say you are with the way in which the National Health Service runs nowadays?’



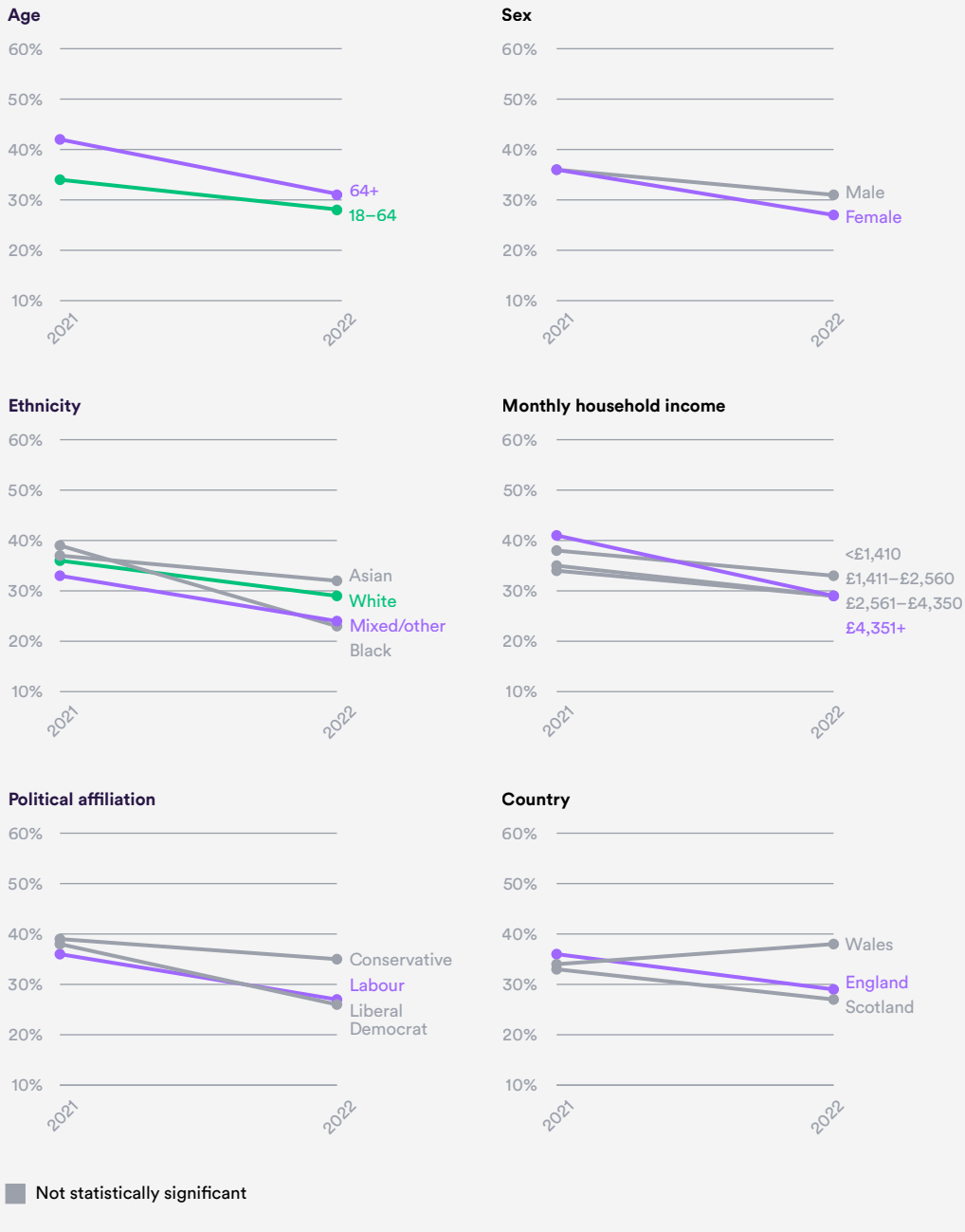
Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2022 sample = 3,362. Average values and 95 per cent confidence intervals. Results with low base sizes should be viewed with caution (Black n=58; Asian n=157; Mixed/other ethnicity n=116; Wales n=149).

Satisfaction over time

Between 2021 and 2022 satisfaction dropped in almost all population groups (see Figure 3), although for some groups the decrease was not statistically significant.

Figure 3: Percentage of respondents in different population groups who are ‘very’ or ‘quite’ satisfied with the NHS, 2021 compared to 2022

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



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
 2021 sample size = 3,112; 2022 sample size = 3,362. Purple and green results are statistically significant at 5 per cent level. Grey results are not statistically significant, and some categories have low base sizes (Black n=58; Asian n=157; Mixed/other n=116; Wales n=149).

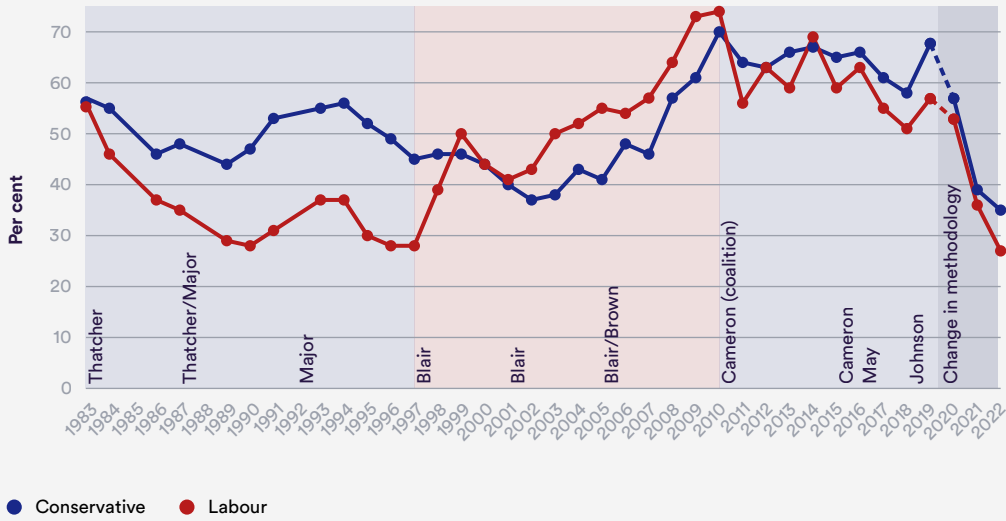
The decrease was statistically significant for adults aged 18 to 64 (down from 34 per cent in 2021 to 28 per cent in 2022) and those 65 and over (42 per cent to 31 per cent); female respondents (36 per cent to 27 per cent); people from the highest household income category of £4,351+ per month (41 per cent to 29 per cent); and supporters of the Labour party (36 per cent to 27 per cent). For all other groups, it was not statistically significant.

There was a drop in satisfaction with the NHS for people from all ethnic backgrounds (Asian, Black, mixed/other and white). However, only white respondents showed a statistically significant fall in satisfaction between 2021 and 2022. For other ethnic groups, the sample sizes were too small for the changes to be statistically significant.

In England, there was a statistically significant decrease in satisfaction between 2021 and 2022 (36 per cent to 29 per cent). Changes in satisfaction in Scotland and Wales were not statistically significant.

While satisfaction with the NHS fell for supporters of both the main political parties, the fall was greater for supporters of the Labour party (9 percentage points) than the Conservative party (3 percentage points). This resulted in a significantly higher level of satisfaction for Conservative party supporters (35 per cent) than Labour party supporters (27 per cent) in 2022 (see Figure 4). This follows a pattern seen in previous BSA surveys, with supporters of the political party in power generally reporting higher levels of satisfaction than supporters of the main opposition party. However, it is noteworthy that 2022 saw the lowest level of satisfaction recorded for both Conservative and Labour party supporters since the survey began.

Figure 4: Public satisfaction with the NHS by party political affiliation, 1983 to 2022
 Question asked: ‘All in all, how satisfied or dissatisfied would you say you are with the way in which the National Health Service runs nowadays?’



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2022 sample size = 3,362. This question was not asked in 1985, 1988 and 1992. Data has been carefully weighted to minimise differences due to the change in methodology between 2020 and previous years.

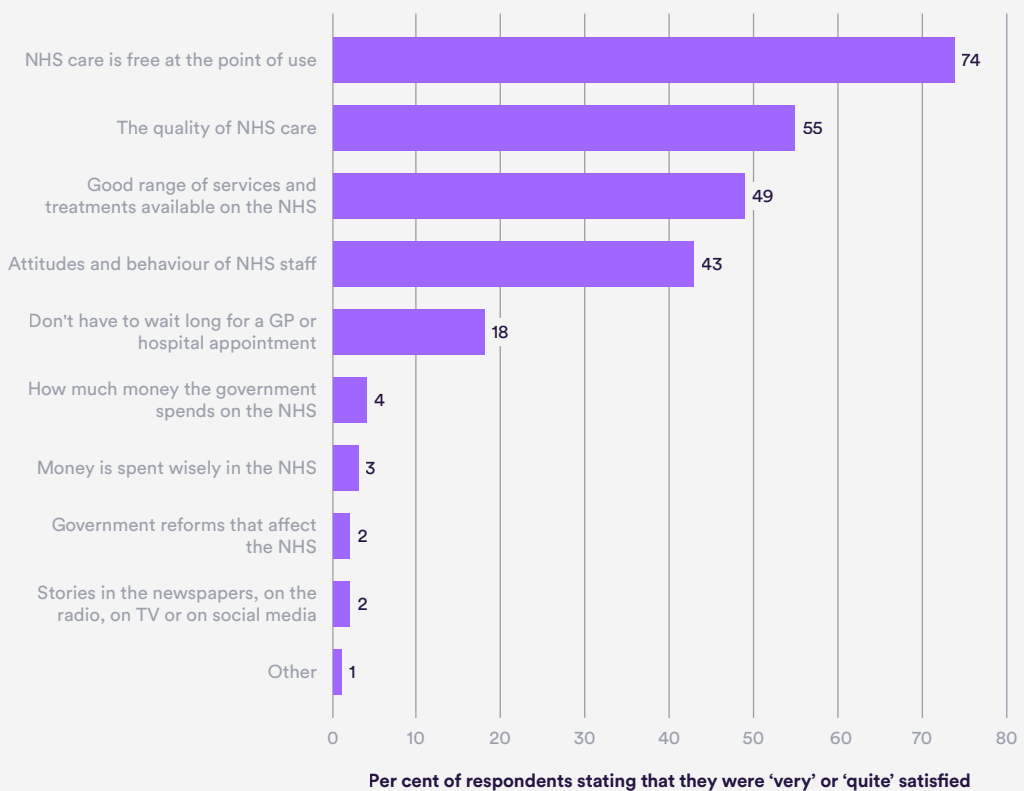
Why is the public satisfied or dissatisfied with the NHS?

Since 2015 the BSA survey has included questions that explore what lies behind the overall levels of satisfaction and dissatisfaction with the NHS. Respondents are asked to pick up to three reasons for the answer they gave to the overall satisfaction question.

As Figure 5 shows, of people who said they were satisfied, 74 per cent said they were satisfied because ‘NHS care is free at the point of use’, 55 per cent said they were satisfied because of ‘the quality of NHS care’ and 49 per cent because there was a ‘good range of services and treatments available’. 43 per cent said that the ‘attitudes and behaviour of NHS staff’ was a reason for being satisfied.

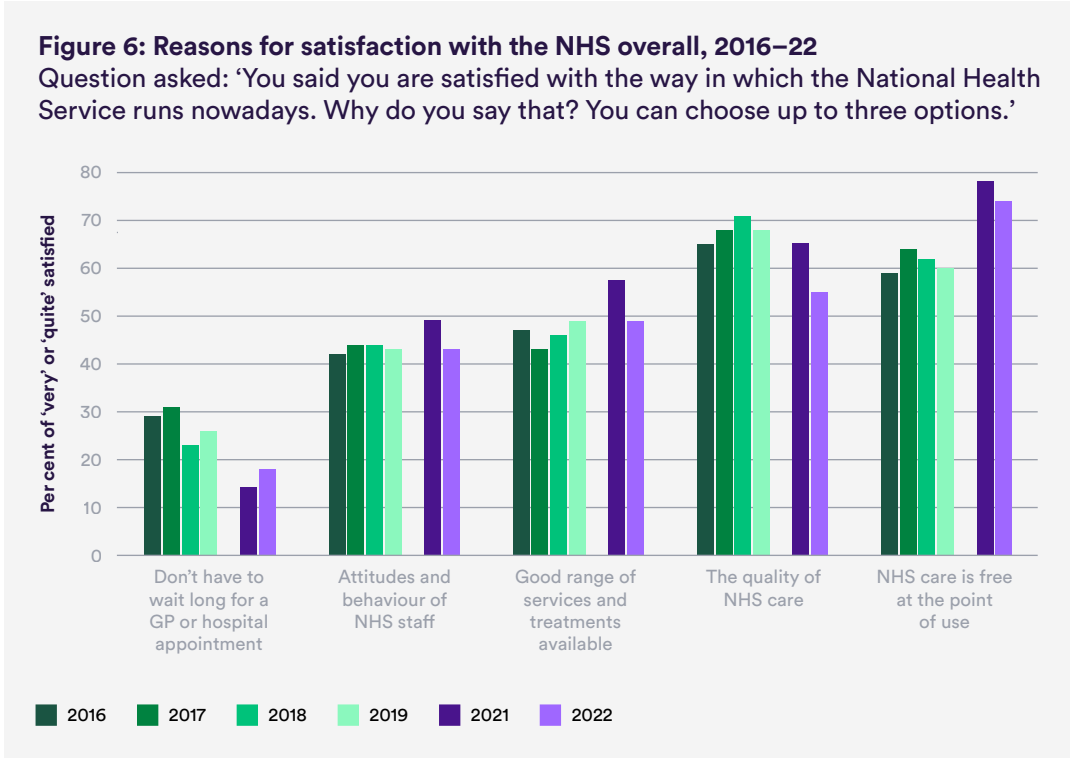
Figure 5: Reasons for satisfaction with the NHS overall, 2022

Question asked: ‘You said you are satisfied with the way in which the National Health Service runs nowadays. Why do you say that? You can choose up to three options.’



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
 Sample size = 400. This question was asked to respondents who said they were ‘quite’ or ‘very’ satisfied with the way the NHS runs nowadays within the random third of the overall sample selected to answer the health and social care module of questions.

While the top five reasons for satisfaction have not changed since this question was introduced (see Figure 6), there has been a swap between the first and second top reason. In 2021, ‘NHS care is free at the point of use’ became the top reason for satisfaction for the first time, and this has continued in 2022. ‘The quality of NHS care’ is now the second most common reason for satisfaction, decreasing from a peak of 71 per cent in 2018 to 55 per cent in 2022, with a 10 percentage point drop between 2021 and 2022. The percentage of people citing that they ‘don’t have to wait long for a GP or hospital appointment’ has also decreased, from a high of 31 per cent in 2015 to 18 per cent in 2022.

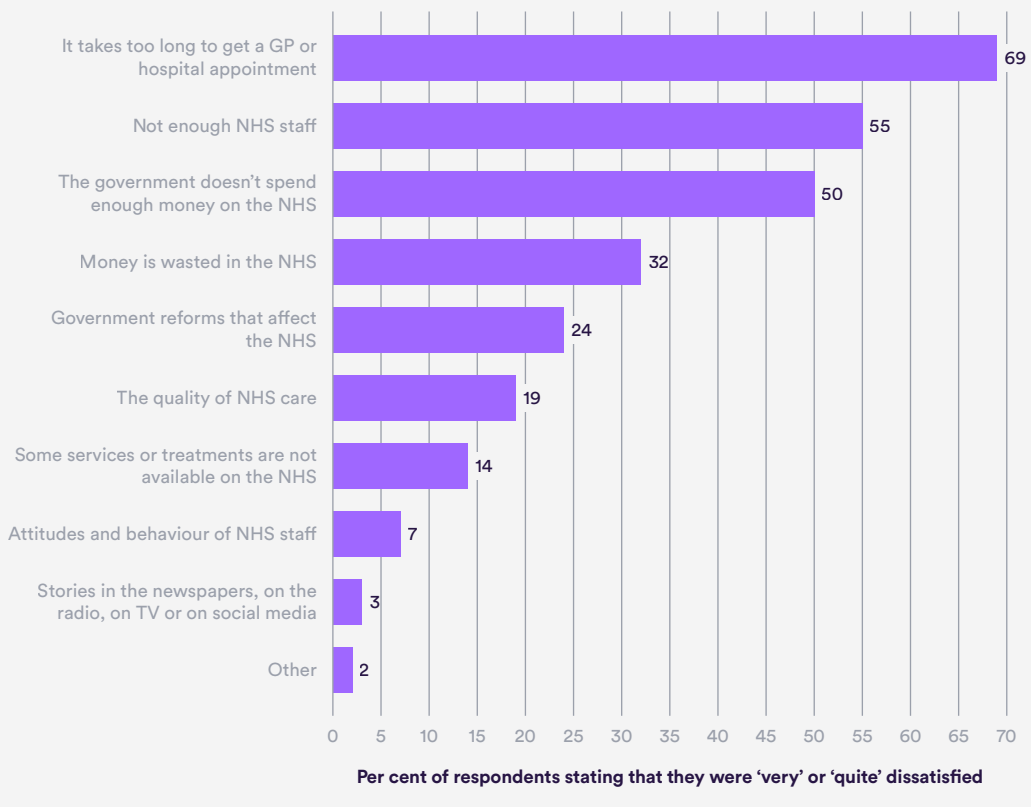


Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2022 sample size = 400. This question was asked to respondents who said they were ‘quite’ or ‘very’ satisfied with the way the NHS runs nowadays within the random third of the overall sample selected to answer the health and social care module of questions. Data has been carefully weighted to minimise differences due to the change in methodology between 2021 and previous years.

The top three reasons for dissatisfaction with the NHS in 2022 relate to access, staffing and funding (see Figure 7). 69 per cent said they were dissatisfied because of long waiting times for GP or hospital appointments, while 55 per cent chose NHS staff shortages. 50 per cent said they were dissatisfied due to a lack of government funding and 32 per cent felt that money was wasted in the NHS. 24 per cent highlighted government reforms that affect the NHS as a reason for dissatisfaction.

Figure 7: Reasons for dissatisfaction with the NHS overall, 2022

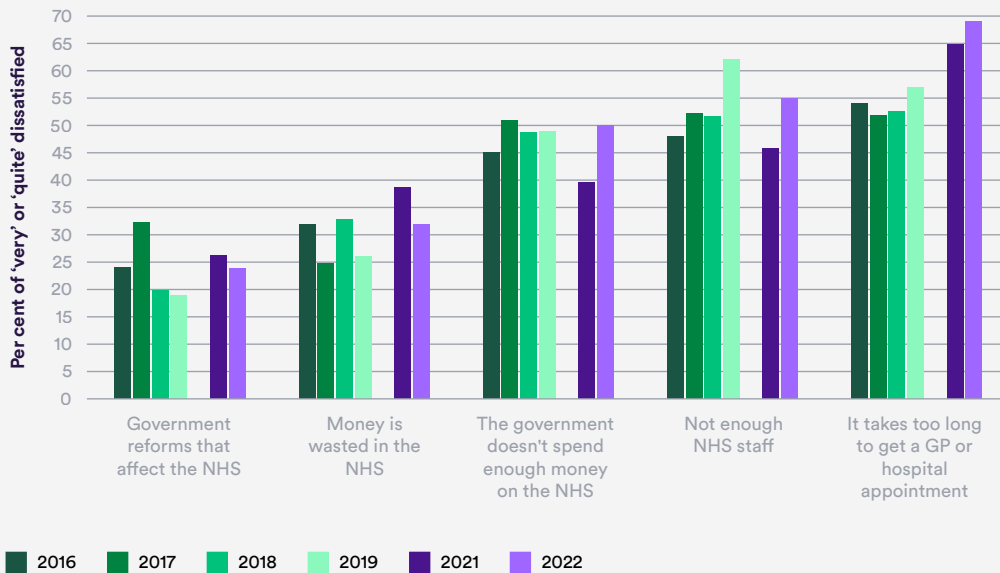
Question asked: ‘You said you are dissatisfied with the way in which the National Health Service runs nowadays. Why do you say that? You can choose up to three options.’



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
 Sample size = 540. This question was asked to respondents who said they were ‘quite’ or ‘very’ dissatisfied with the way the NHS runs nowadays within the random third of the overall sample selected to answer the health and social care module of questions.

Since the question was first asked in 2015, the top three reasons for dissatisfaction with the NHS have not changed: length of waiting times, staff shortages and the government not spending enough money on the NHS (see Figure 8). However, over the last two years there has been a change in the ranking, with dissatisfaction due to waiting times overtaking concerns about staff shortages. Dissatisfaction because ‘it takes too long to get a GP or hospital appointment’ has increased from 57 per cent in 2019 to 69 per cent in 2022. Meanwhile, dissatisfaction because ‘there are not enough NHS staff’ dropped sharply from 62 per cent to 46 per cent between 2019 and 2021, rising to 55 per cent in 2022.

Figure 8: Reasons for dissatisfaction with the NHS overall, 2016–22
 Question asked: ‘You said you are dissatisfied with the way in which the National Health Service runs nowadays. Why do you say that? You can choose up to three options.’



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2022 sample size = 540. This question was asked to respondents who said they were ‘quite’ or ‘very’ dissatisfied with the way the NHS runs nowadays within the random third of the overall sample selected to answer the health and social care module of questions. Data has been carefully weighted to minimise differences due to the change in methodology between 2021 and previous years.

While year-on-year the changes in reasons for satisfaction or dissatisfaction were not statistically significant between 2021 and 2022, their ranking provides insight into the key factors that are influencing the recent shifts in satisfaction with the NHS.

Media stories at the time

The survey period for the current British Social Attitudes report was carried out across September and October 2022 during a significant period of political upheaval and uncertainty in Westminster, and following a prolonged period of widely reported performance problems across the NHS and social care.

Before the survey period (April–August 2022)

In April, UK taxpayers began paying additional national insurance payments, with then Prime Minister Boris Johnson arguing the money raised would “end the cruel lottery of spiralling and unpredictable care costs once and for all.”

Throughout 2022, declining NHS performance against A&E waiting, ambulance response and waiting list targets were regularly reported. For each month leading up to and during the fieldwork period, the NHS waiting list continued to grow to record levels. High-profile accounts of patients waiting hours for ambulances were a regular occurrence. In July, it was reported that the NHS in England had met its first milestone on its elective recovery plan by virtually eliminating two-year waits for routine care.

In early July, Prime Minister Johnson resigned, igniting a leadership race for the Conservative party. The NHS and social care were seldom discussed during the short contest, bar two policies: Sunak’s proposed charges for missed GP appointments and Truss’s commitment to reverse the National Insurance tax rise linked to increased NHS and social care funding.

In August, the BBC reported that nine in 10 NHS dental practices across the UK were not accepting new adult patients for treatment under the health service contract, a story which was widely reported elsewhere. Long waiting lists for adult social care were also reported with a quarter of million people waiting up to six months for an initial assessment of care needs.

During the survey period (September and October 2022)

During the two months of the survey, the UK saw its second and third prime minister in 2022 and marked the passing of HM Queen Elizabeth II. Following a period of national mourning, new Health and Social Care Secretary Thérèse Coffey launched the Truss government’s *Plan for Patients*, with headlines focusing on the commitment to patients seeing their GP within two weeks. The plan included efforts to reduce the number of medically fit patients

waiting to be discharged from hospitals into other care settings – a challenge that had become a feature of news coverage at this time.

October was once again dominated by political upheaval. Following the mini-budget outlining the tax and spending plans, a severe negative market reaction led to the resignation of Liz Truss as Prime Minister after 44 days in office. Rishi Sunak was rapidly appointed as Prime Minister. Towards the end of October, the Royal College of Nursing announced that it would ballot members on the first strike action for nurses in England in its 106-year history. Unions representing ambulance staff also announced they would be balloting over strike action.

2 How satisfied are the British public with social care services?

Overall satisfaction with social care

Social care services are under longstanding pressure. Following more than a decade of underinvestment and political neglect, social care was hit hard by the pandemic and the effects on people drawing on social care and those delivering it continued to be felt well into 2022. Most notably, workforce pressures have dramatically intensified. For the first time since records began, the workforce has shrunk and the vacancy rate in the sector has reached a new high, with 165,000 vacancies in social care in England in 2021/22.¹ This impedes the ability of care providers to return to the same level of provision seen before the pandemic, with people struggling to access services and social care needs going unmet.

From April to June 2022, before the fieldwork period for this year's BSA survey commenced, an estimated 1.1 million hours of home care (2.5%) could not be delivered due to workforce shortages.² In addition, waiting lists are long: in August 2022, an estimated 245,800 adults in England were waiting for an assessment of their needs, with 33% of people waiting over six months.³

1 Skills for Care (2022) *The state of the adult social care sector and workforce 2022*.

2 Association of Directors of Adult Social Services (2022) *Autumn survey report 2022*.

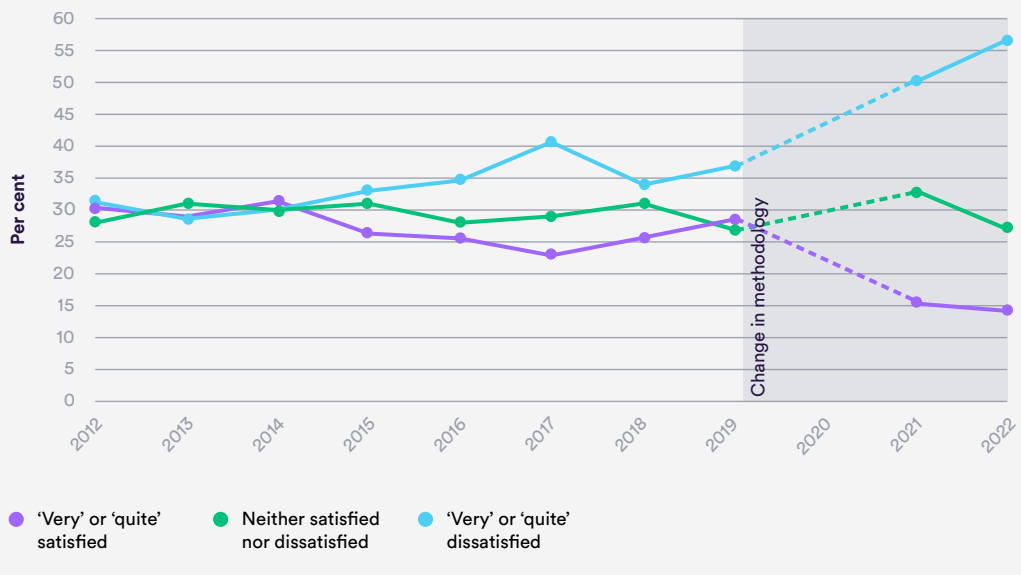
3 Association of Directors of Adult Social Services (2022) *Autumn survey report 2022*.

The BSA survey asked a representative sample of the public how satisfied or dissatisfied they are ‘with social care for people who cannot look after themselves because of illness, disability or old age’. For the first time this year, the sample size for this question was increased to 3,362 to match the sample for the NHS overall satisfaction question, allowing analysis of differences by demographic group in more detail.

As shown in Figure 9, in 2022, 14 per cent of respondents said they were ‘very’ or ‘quite’ satisfied with social care. Only 2 per cent said they were ‘very’ satisfied with social care and a further 12 per cent said they were ‘quite’ satisfied. While levels of satisfaction remained stable compared to the previous year, dissatisfaction with social care increased significantly by 7 percentage points to 57 per cent of people saying they were ‘very’ or ‘quite’ dissatisfied in 2022. People have also become even more dissatisfied with social care than in the previous year, with 23 per cent of respondents saying they are ‘very’ dissatisfied with social care compared to 17 per cent in 2021.

Figure 9: Public satisfaction with social care services, 2012 to 2022

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

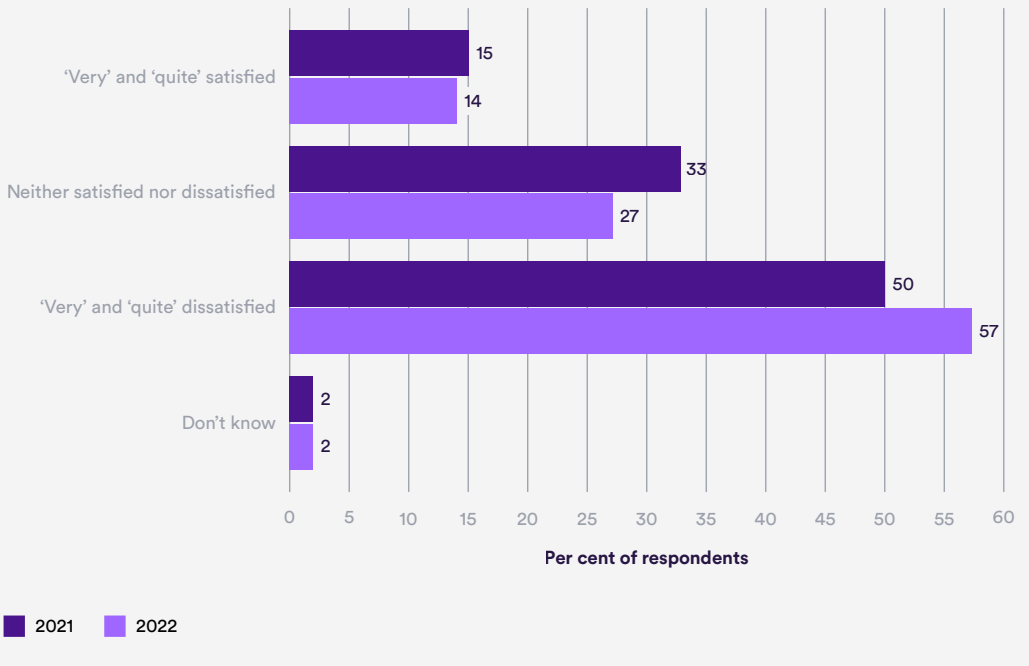


Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2022 sample size = 3,362. This question was not asked in 2020; ‘don’t know’ and ‘refusal’ responses are not shown, in 2022 these response categories were selected by 2.25 per cent of respondents. Data has been carefully weighted to minimise differences due to the change in methodology between 2020 and previous years.

Since 2014 there has been a growing gap between satisfaction and dissatisfaction with social care. The gap has grown sharply since 2019 as the number of people dissatisfied with social care has increased significantly whilst satisfaction has fallen at a similar rate. The question wording was changed in 2021 after cognitive testing, with the question now focussing on perceptions of all social care services as opposed to services provided by local authorities. This may have had an impact on how people answered and this should be taken into account when interpreting the data.

Figure 10: Satisfaction and dissatisfaction with social care services

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



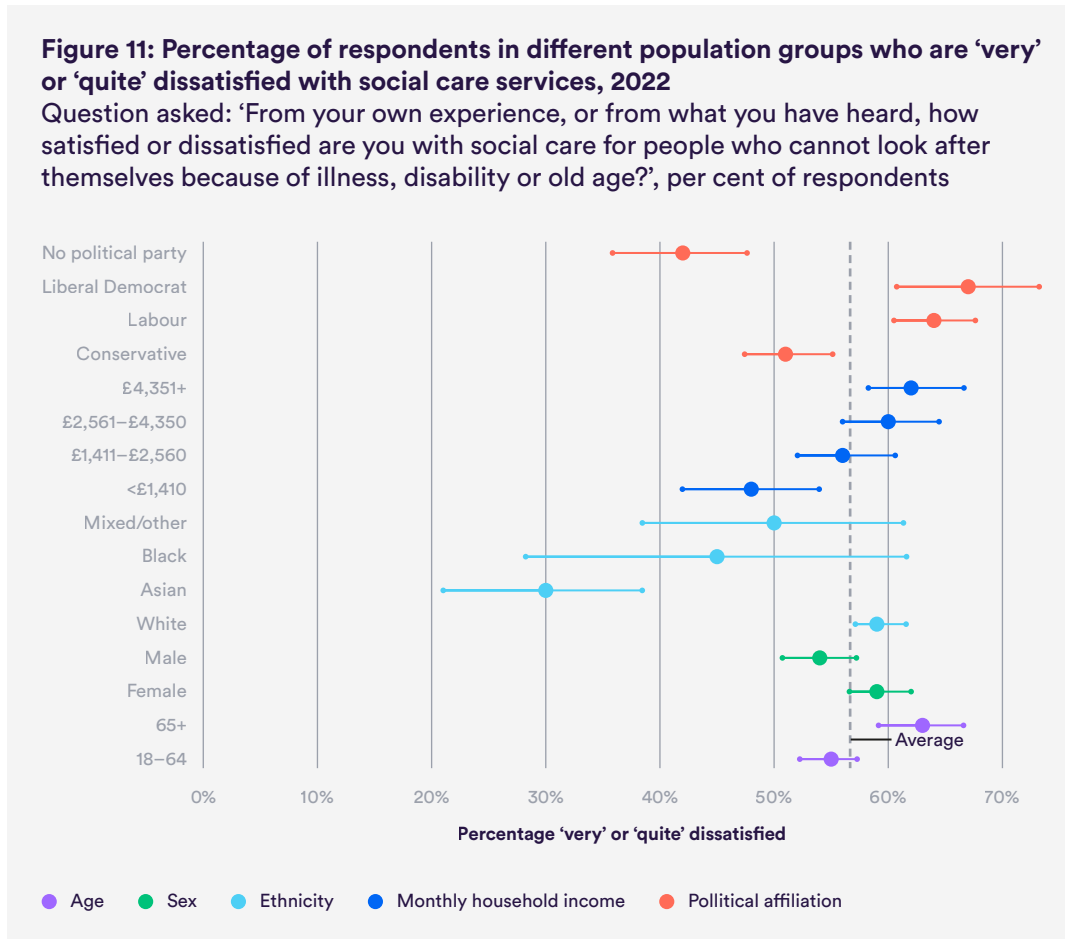
Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data. 2022 sample size = 3,362., 2021 sample size = 1,039.

Dissatisfaction with social care is higher than dissatisfaction with the NHS overall or any of the individual NHS services asked about – general practice, dentistry, inpatient, outpatient, and A&E services. Social care is also the service with the lowest satisfaction levels, 13 percentage points lower than dentistry, the lowest-rated NHS service asked about in the survey.

How does dissatisfaction vary by population group?

In the following we focus our analysis on the proportion of respondents saying they are dissatisfied with social care, because this is a much larger group of people than those saying they are satisfied, allowing us to arrive

at more precise estimates of population differences. Figure 11 shows how dissatisfaction differed among different population groups and from the average for the whole survey.



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2022 sample size = 3,362. Average values and 95 per cent confidence intervals. Results with low base sizes should be viewed with caution. (Black n=58; Asian n=157; mixed/other n=116, Wales n=149)

Dissatisfaction with social care differed by age, ethnicity, household income and political affiliation. Respondents aged 65 and over (63 per cent) were more dissatisfied than respondents aged 18 to 64 (55 per cent), and white respondents (59 per cent) were more dissatisfied than Asian respondents (30 per cent). In addition, the two highest income groups (62 per cent and 60 per cent, respectively) were more dissatisfied than the lowest income group (48 per cent). Finally, supporters of the Liberal Democrats (67 per cent) and

Labour (64 per cent) were more dissatisfied than Conservative supporters (51 per cent) or people with no political affiliation (42 per cent).

While other groups also showed differences in satisfaction levels relative to each other, these differences were not statistically significant given the size of the sample.

Why is the public satisfied or dissatisfied with social care?

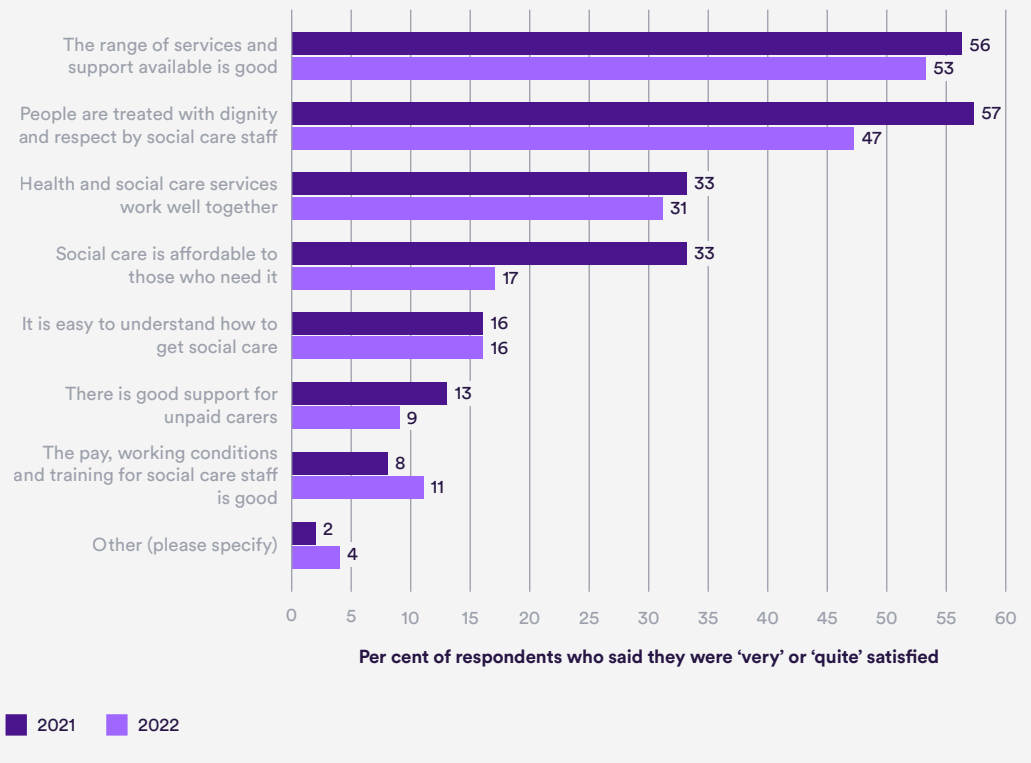
For the second year in a row, the survey included questions that explored why respondents were satisfied or dissatisfied with social care by asking them to pick up to three reasons for the answer they gave to the overall satisfaction question.

As Figure 12 shows, of those respondents who said they were satisfied with social care services, 53 per cent said this was because the range of services and support available is good, and 47 per cent said it was because people are treated with dignity and respect by social care staff. 31 per cent said they were satisfied because health and social care services work well together. Only 17 per cent were satisfied because social care is affordable to those who need it, and just 16 per cent because it is easy to understand how to get social care.

There were no statistically significant changes in reasons for satisfaction between 2021 and 2022.

Figure 12: Reasons for satisfaction with social care

Question asked: ‘You said you are satisfied with social care. Why do you say that? You can choose up to three options.’



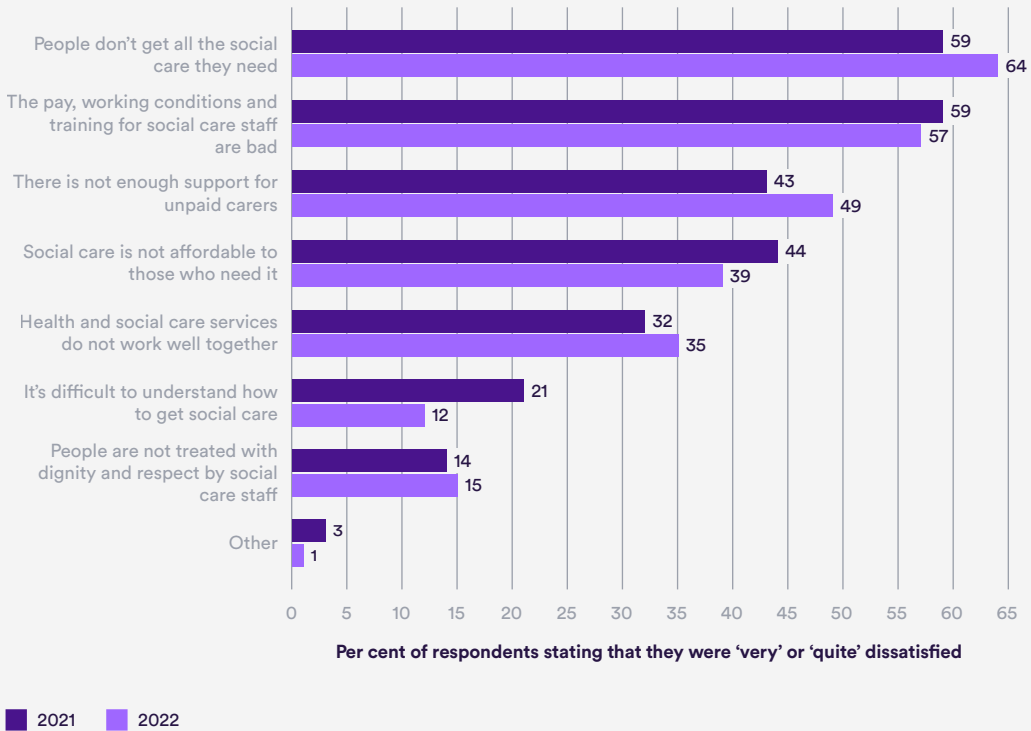
Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
 2022 sample size = 151, 2021 sample size = 138.

People were also asked about reasons for dissatisfaction (Figure 13). The top reason for dissatisfaction, chosen by 64 per cent of respondents, is that people don’t get all the social care they need, followed by 57 per cent of people citing that pay, working conditions and training for social care staff are bad. A further 49 per cent said they were dissatisfied because there is not enough support for unpaid carers, and 39 per cent were dissatisfied because social care is not affordable to those who need it. 35 per cent of respondents said that health and social care services do not work well together.

There were no statistically significant changes in reasons for dissatisfaction between 2021 and 2022.

Figure 13: Reasons for dissatisfaction with social care

Question asked: ‘You said you are dissatisfied with social care. Why do you say that? You can choose up to three options.’



Source: The King's Fund and Nuffield Trust analysis of NatCen's BSA survey data
 2021 sample size = 547; 2022 sample size = 616.

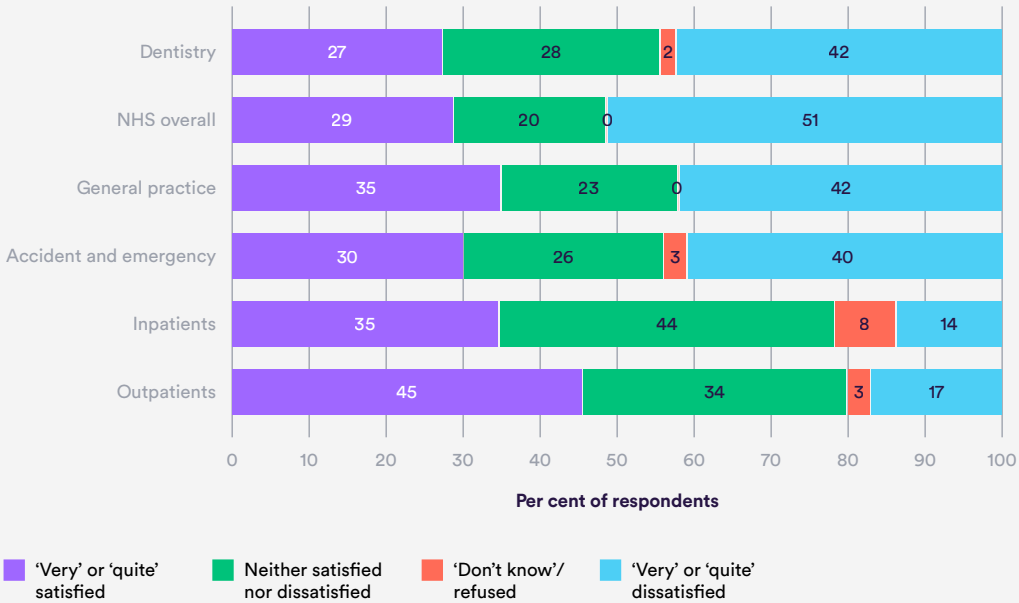
3 How satisfied are the British public with different NHS services?

In addition to asking about overall satisfaction with the NHS and social care, the BSA survey asks the public how satisfied or dissatisfied they are with different health and care services: general practice, dentistry, inpatient, outpatient, and A&E services. The 2021 survey saw unprecedented falls in satisfaction for general practice (from 68 per cent satisfied to 38 per cent), dentistry (from 60 to 33 per cent) and accident and emergency services (from 54 to 39 per cent), with smaller drops in satisfaction with both inpatient (64 to 41 per cent) and outpatient care (71 to 49 per cent).

Figure 14 summarises the results for the 2022 survey's questions on individual services, which we go through service-by-service in the rest of this chapter.

Figure 14: Summary of satisfaction with NHS services in 2022

Question asked: ‘From your own experience, or from what you have heard, please say how satisfied or dissatisfied you are with the way in which each of these parts of the National Health Service runs nowadays. Local doctors or GPs; National Health Service dentists; being in hospital as an in-patient; attending hospital as an out-patient; accident and emergency departments?’

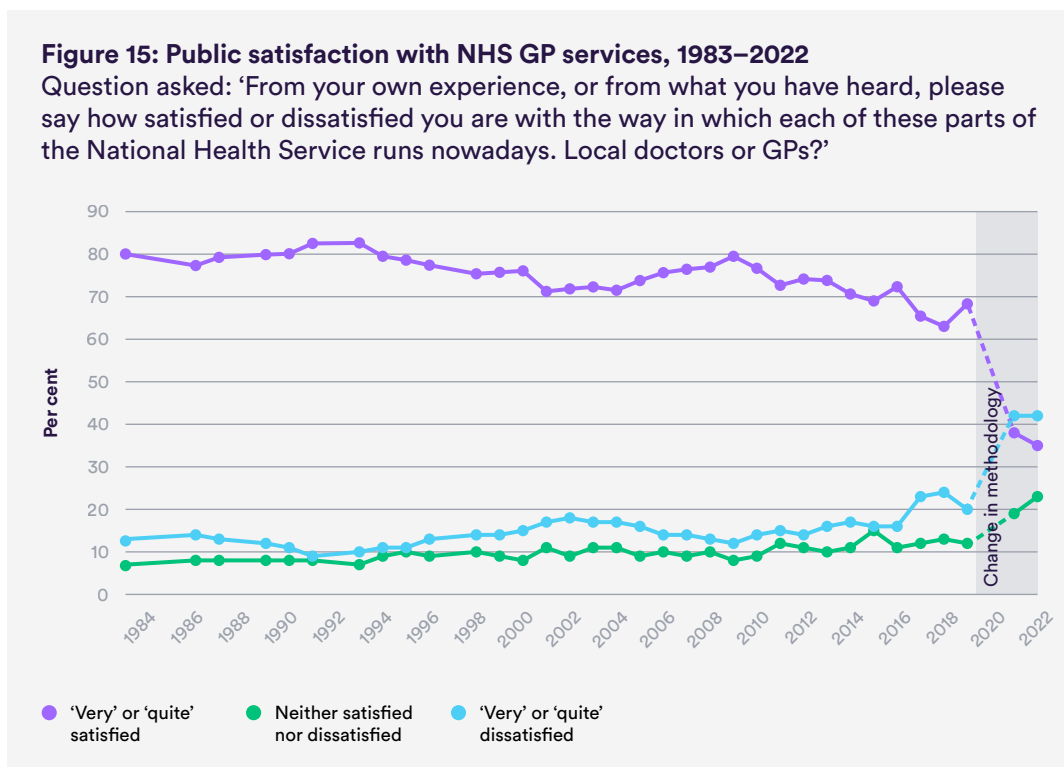


Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
 2022 sample size for individual NHS services = 1,187; sample size for NHS overall = 3,362.

General practice

In 2022, satisfaction with GP services continued to fall following last year’s record drop, albeit not as sharply. 35 per cent said they were satisfied with GP services compared to 38 per cent last year. This is the lowest level recorded since the survey began in 1983 (see Figure 15). While 26 per cent of respondents were ‘quite’ satisfied, only 9 per cent were ‘very’ satisfied. Until 2018 general practice had been the highest-rated NHS service each year in the BSA survey.

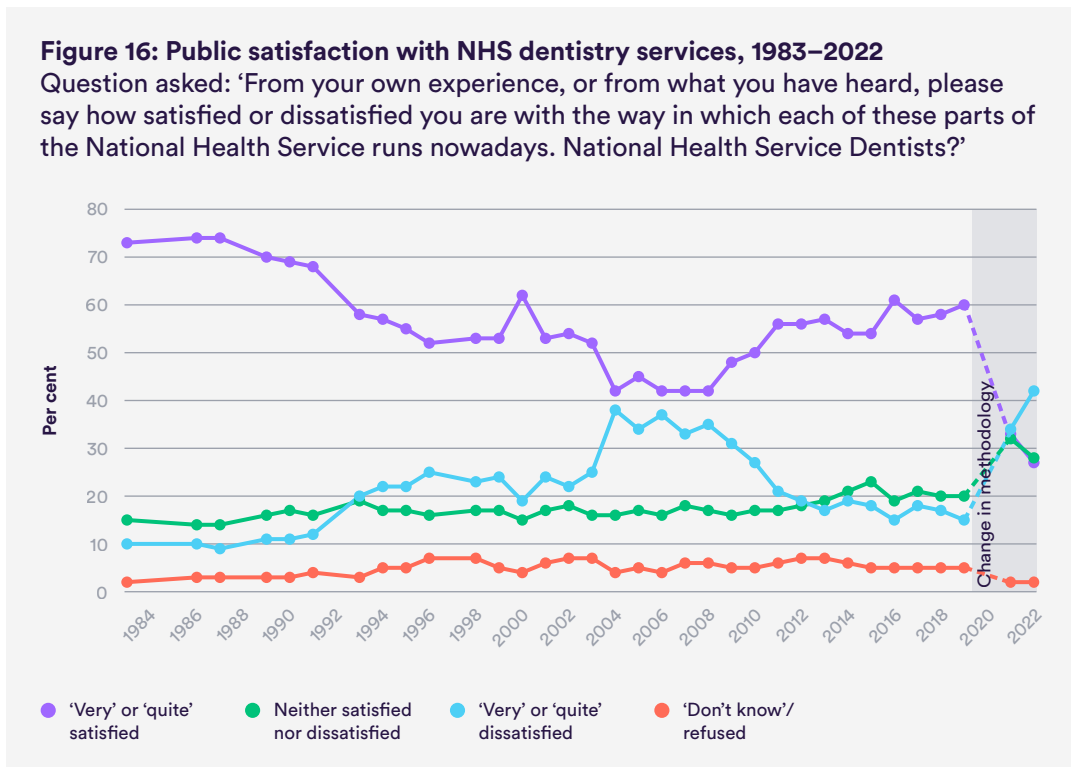
This year’s results also show the highest level of dissatisfaction with general practice recorded in the survey, with 42 per cent of respondents dissatisfied (29 per cent ‘quite’ and 13 per cent ‘very’ dissatisfied).



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2022 sample size = 1,187. This question was not asked in 1985, 1988, 1992 and 2020. Don’t know’ and ‘Refusal’ responses are not shown as consistently selected by less than 1 per cent of respondents (2022 = 0.1). Data has been carefully weighted to minimise differences due to the change in methodology between 2021 and previous years.

Dentistry

In 2022 satisfaction with NHS dentistry services fell to a record low of 27 per cent (6 per cent ‘very’ and 21 per cent ‘quite’ satisfied) and dissatisfaction to a record high of 42 per cent. This is a statistically significant increase in dissatisfaction compared to 2021, when 34 per cent of respondents reported being ‘very’ or ‘quite’ dissatisfied with NHS dentistry services. 24 per cent of respondents responded that they were ‘very’ dissatisfied with dentistry services, more than any other health or care service in the survey. In 2019 overall satisfaction with NHS dentistry was at 60 per cent. This had risen over time from 42 per cent in 2004. The last two years have seen a sharp reversal in this trend (see Figure 16).



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
 2022 sample size = 1,187. This question was not asked in 1985, 1988, 1992 and 2020. Data has been weighted to minimised differences due to the change in methodology in 2020.

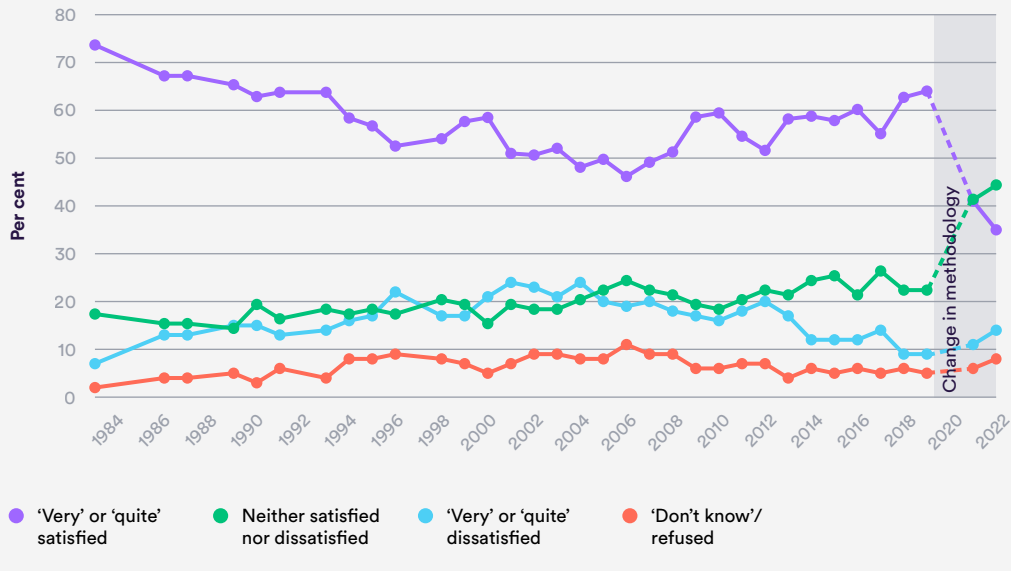
Inpatient and outpatient services

In 2022 the downward trend in satisfaction with inpatient services continued, with 35 per cent now saying they are satisfied (9 per cent ‘very’ and 25 per cent ‘quite’ satisfied). In 2021 that figure was 41 per cent, a reduction on the 2019 figure of 64 per cent. This is the lowest level of satisfaction with inpatient services in the history of the survey (see Figure 17). 14 per cent of respondents reported being dissatisfied with inpatient care in 2022 (4 per cent ‘very’ and 10 per cent ‘quite’ dissatisfied).

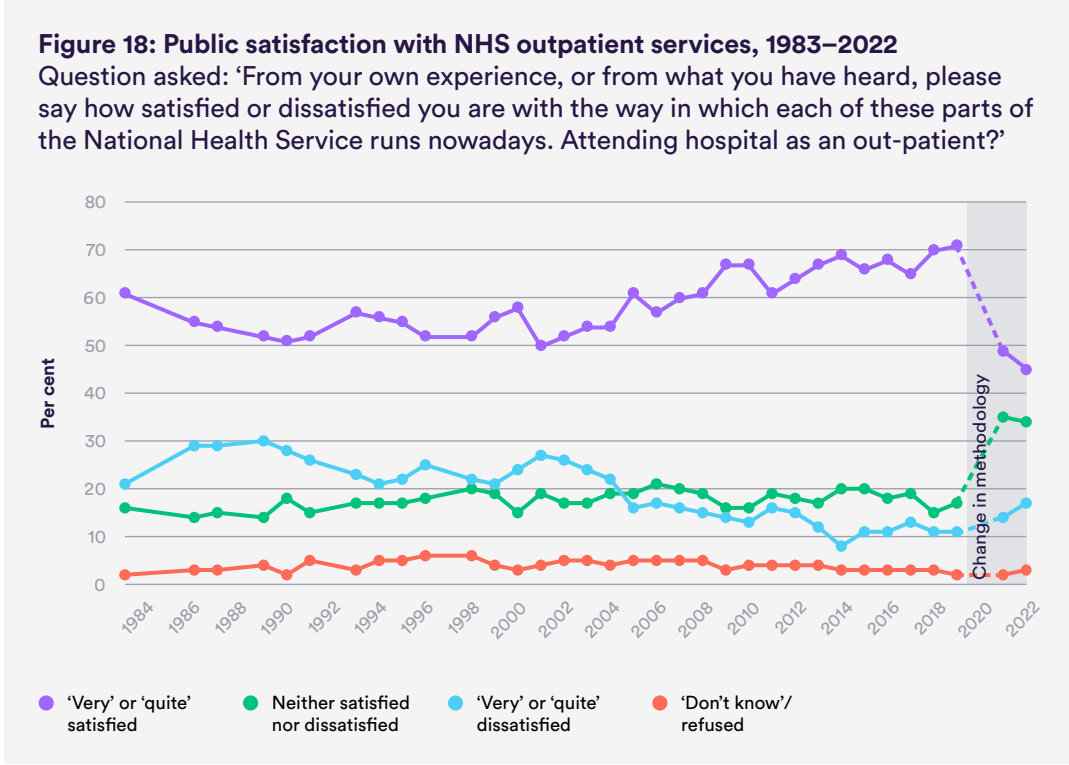
Satisfaction with outpatient services also fell to a new low in 2022, with 45 per cent of respondents saying they were ‘very’ or ‘quite’ satisfied (10 per cent and 35 per cent respectively). Despite this fall, from 2018 onwards outpatient services have had the highest level of satisfaction of any NHS service. In 2022, there was a 10 percentage point difference in satisfaction between outpatient services and the next highest-rated services, general practice and inpatient services (see Figure 14 above). 17 per cent of respondents reported being dissatisfied with NHS outpatient services (4 per cent ‘very’ and 14 per cent ‘quite’ dissatisfied).

Figure 17: Public satisfaction with NHS inpatient services, 1983–2022

Question asked: ‘From your own experience, or from what you have heard, please say how satisfied or dissatisfied you are with the way in which each of these parts of the National Health Service runs nowadays. Being in hospital as an in-patient?’



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2022 sample size = 1,187. This question was not asked in 1985, 1988, 1992 and 2020. Data has been weighted to minimised differences due to the change in methodology in 2020.



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
 2022 sample size = 1,187. This question was not asked in 1985, 1988, 1992 and 2020. Data has been weighted to minimised differences due to the change in methodology in 2020.

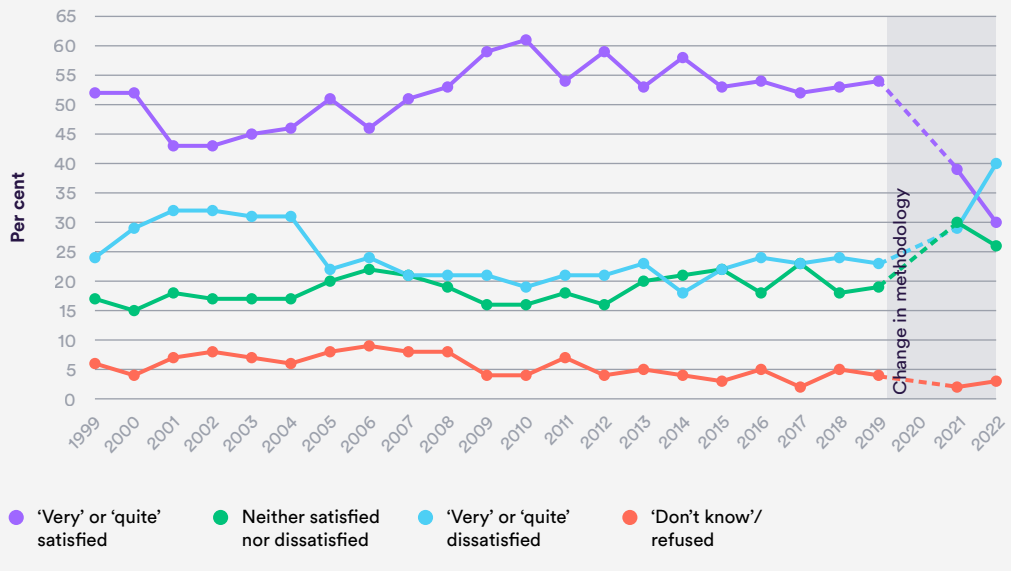
Accident and emergency

As shown in Figure 19, there was a significant increase in dissatisfaction with A&E services in 2022, with 40 per cent of respondents saying they were ‘very’ (17 per cent of respondents) or ‘quite’ (23 per cent of respondents) dissatisfied with A&E services, an 11 percentage point increase compared to 2021 and a new record level of dissatisfaction with A&E services. This is the largest change in dissatisfaction in a single year since the question on A&E services was first asked in 1999.

It is also the largest decrease in satisfaction across any of the health and care services asked about in 2022. 30 per cent of respondents reported being satisfied with A&E services in 2022 (7 per cent ‘very’ and 23 per cent ‘quite’ satisfied), a drop of 8 percentage points since 2021.

Figure 19: Public satisfaction with NHS accident and emergency services, 1999–2022

Question asked: ‘From your own experience, or from what you have heard, please say how satisfied or dissatisfied you are with the way in which each of these parts of the National Health Service runs nowadays. Accident and emergency departments?’



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2022 sample size = 1,187. This question was not asked in 1985, 1988, 1992 and 2020. Data has been carefully weighted to minimise differences due to the change in methodology between 2021 and previous years.

4 Does contact with a service make people more or less satisfied?

Why does the BSA ask about contact with health and care services?

The BSA is designed to survey public attitudes to health and care services. It is not a survey of user experiences of specific health and care services – other surveys fulfil this role.⁴

However, respondents who have had contact with a service will be taking their experience into account.^{5,6} Those who have not had contact with services, meanwhile, are likely to base more of their views on indirect information. Equally, whether a respondent was able to access a service will influence their attitudes towards that service.

Therefore, since 2019 the BSA survey has asked the public if they have used or had contact with health and care services in the previous 12 months, either through personal experience or through experiences of friends or family. This allows comparisons between the attitudes of respondents who have had contact with a service, and the attitudes of respondents who have not.

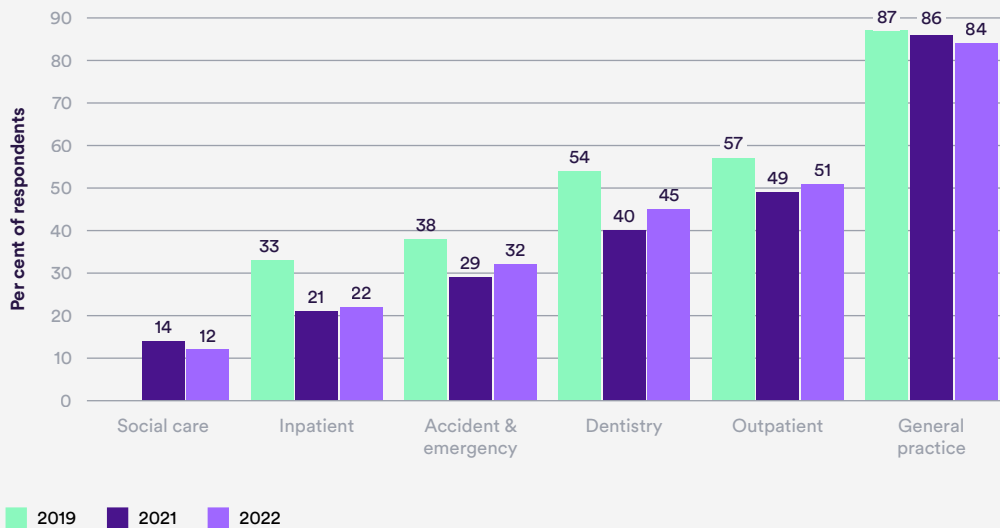
4 NHS England (no date) 'National patient and staff surveys'. Web page.

5 Appleby J, Hemmings N, Maguire D, Morris J, Schlepper L and Wellings D (2020) *Public satisfaction with the NHS and social care in 2019: Results from the British Social Attitudes survey*. Report, Nuffield Trust and The King's Fund.

6 Ipsos MORI (2018) *Public perceptions of the NHS and social care survey*. Survey report for Department of Health and Social Care.

Figure 20: Percentage of respondents who have used or had contact with health and care services in the past 12 months, by service

Question asked: ‘In the last 12 months have you used or had contact with any of the following services? This could be for yourself or someone else.’



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2022 sample size = 1,143. Exact wording of the social care question changed in 2021 – see methodology section for full details.

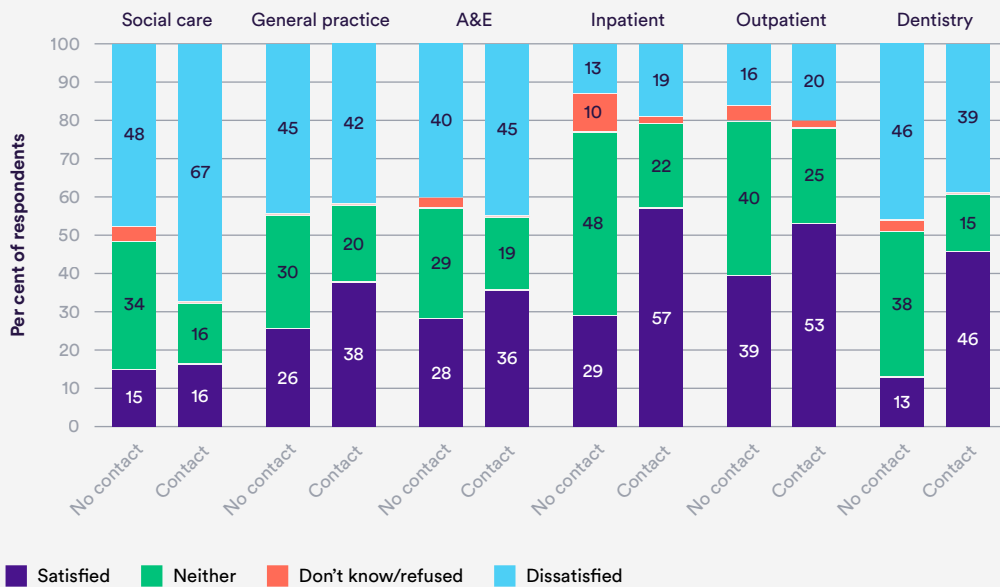
How does recent contact affect satisfaction with a service?

Here we describe the relationship between contact with a service and levels of satisfaction and dissatisfaction with those services.

Overall, respondents who had used or had contact with a service were, unsurprisingly, more likely to have an opinion of it one way or the other than those who had not used the service. For all services, respondents who had had contact with a service were less likely to answer ‘neither satisfied nor dissatisfied’ compared to those who had not had contact. Whether contact increased satisfaction or dissatisfaction more, though, varies by service (see Figure 21).

Figure 21: Difference in dis/satisfaction with NHS and social care services, by recent use or contact with services in the past 12 months

Per cent of respondents who were ('very' or 'quite') satisfied, ('very' or 'quite') dissatisfied or neither, split by those who have had 'contact' versus 'no contact' with services



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2022 sample size = 1,143.

General practice

In 2022, 84 per cent of people surveyed had used or had contact with general practice in the previous 12 months – a similar level to previous years. Levels of satisfaction among respondents who had had contact with general practice have fallen significantly in recent years. In 2019, 70 per cent of those who had used or had contact with general practice said they were satisfied compared to just 40 per cent in 2021 and 38 per cent in 2022. However, those who had had contact with GPs did report higher levels of satisfaction than who had not (26 per cent).

Dentistry

Contact with NHS dentistry services fell between 2019 and 2021 (from 54 per cent to 40 per cent) as a result of the disruption to services during the Covid-19 pandemic. While the number of people reporting contact with dentistry increased in 2022, it was still 9 percentage points lower than in 2019, at 45 per cent.

Respondents who had not had contact with dentistry services were most likely to say they were dissatisfied with the service. These respondents were also significantly less likely to say they were satisfied (13 per cent versus 46 per cent, a 33 percentage point difference) than respondents who had had contact with dentistry services.

A&E

Levels of contact with A&E services among respondents are still below pre-pandemic levels. In 2019, 38 per cent of respondents had had contact, compared to 32 per cent in 2022. Levels of satisfaction among respondents who had had contact with A&E have also fallen significantly in recent years. In 2019, 56 per cent of those who had used or had contact with A&E services said they were satisfied, compared to 45 per cent in 2021 and just 36 per cent in 2022.

Inpatient and outpatient services

In 2022, 22 per cent of respondents had had contact with inpatient services and 51 per cent of respondents had had contact with outpatient services. Respondents who had used or had contact with these services were significantly more likely to be satisfied with those services than those who had not: 57 per cent of those who had had contact with inpatient services were satisfied compared to 29 per cent of those who had not, and 53 per cent of people who had had contact with outpatient services were satisfied compared to 39 per cent of those who had not. These are the highest levels of satisfaction recorded for respondents who did have contact with any of the services asked about in the survey.

Social care

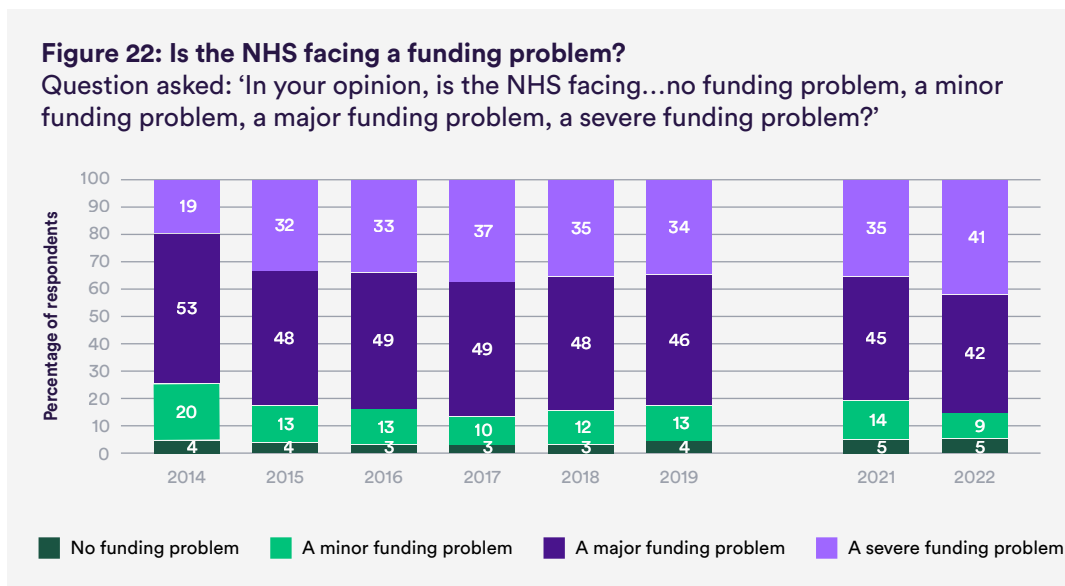
Only 12 per cent of respondents had used or had contact with social care services in the last 12 months. Social care had the lowest level of satisfaction (16 per cent) and highest levels of dissatisfaction (67 per cent) among respondents who had had contact with any of the services we asked about. This is consistent with results for social care in previous years.

There was a much greater level of dissatisfaction (a 20 percentage point difference) among those who had had contact with social care than among respondents who had not.

5 Attitudes to NHS spending and sources of funding

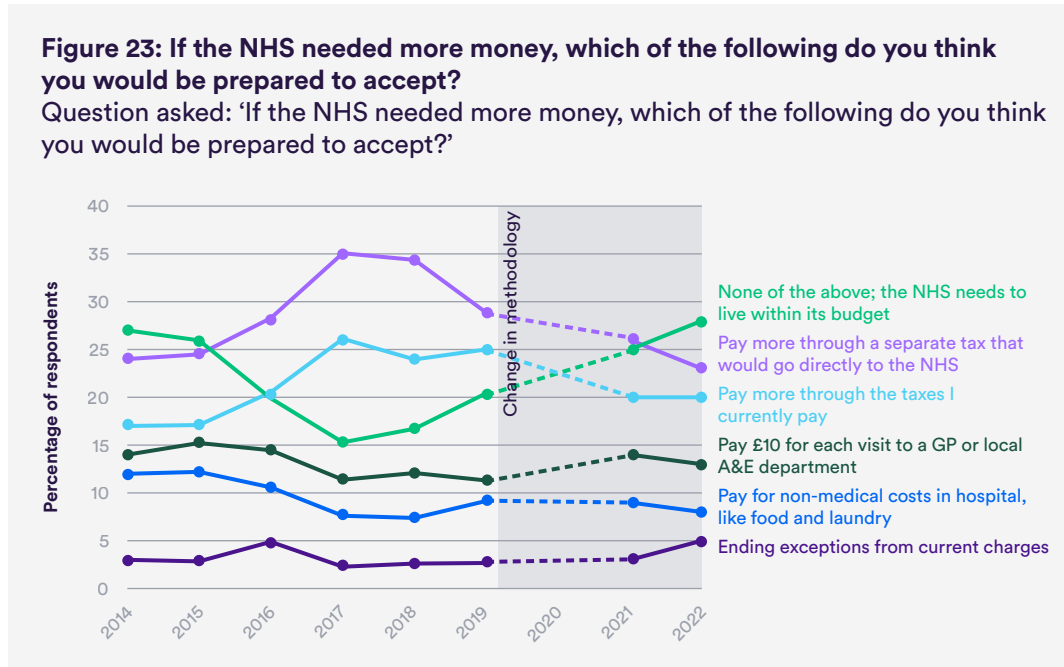
Since 2014 the BSA survey has asked about the public’s views on NHS funding. Respondents were asked whether the NHS was facing a funding problem, and if so, whether it was ‘minor’, ‘major’ or ‘severe’ (see Figure 22).

In 2022, 83 per cent of respondents believed that the NHS faced a ‘major’ or ‘severe’ funding problem compared to 80 per cent in 2021, although the change is not significant year-on-year. The responses to this question have been relatively consistent over time, with between 80 and 86 per cent of respondents saying that the NHS faces a ‘major’ or ‘severe’ funding problem each year since 2015. Increasing concern was slightly reversed from 2018 with high-profile additional funding under Prime Ministers Theresa May and Boris Johnson, but the effect appears to have levelled off.



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
 Question was not asked in 2020. 2022 sample size = 1,187. Data has been carefully weighted to minimise differences due to the change in methodology between 2021 and previous years.

One of the questions in the BSA survey asks respondents how they think additional funds for the NHS should be raised if needed (see Figure 23).



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data 2022 sample size = 1,187. This question was not asked in 2020. ‘Don’t know’ and ‘refusal’ responses are not shown, in 2022 these were chosen by 3.9 per cent of respondents. Data has been carefully weighted to minimise differences due to the change in methodology between 2021 and previous years. Respondents were asked to choose one option.

Respondents were asked to choose their preferred option for raising funds if the NHS needed more money. For the first time since 2015, the most popular option among respondents was that ‘the NHS needs to live within its own budget’ (chosen by 28 per cent of respondents). In total, 43 per cent of people chose one of the two options that involved paying more taxes. 23 per cent of respondents chose the option to ‘pay more through a separate tax that would go directly to the NHS, while 20 per cent of respondents preferred the option of paying more through current taxes.

Although none of the changes in the responses to this question from 2021 to 2022 were significant, over the last few years the number of people choosing options involving paying more tax has fallen, while over the same time period more people have chosen the option that the NHS needs to live within its budget.

‘Paying £10 for each visit to a GP or local A&E department’ was chosen by 13 per cent of respondents. 8 per cent of respondents chose ‘paying more for non-medical costs like food and laundry’, while 5 per cent preferred ‘ending exceptions from current charges’.

6 NHS priorities and principles

Priorities for the NHS

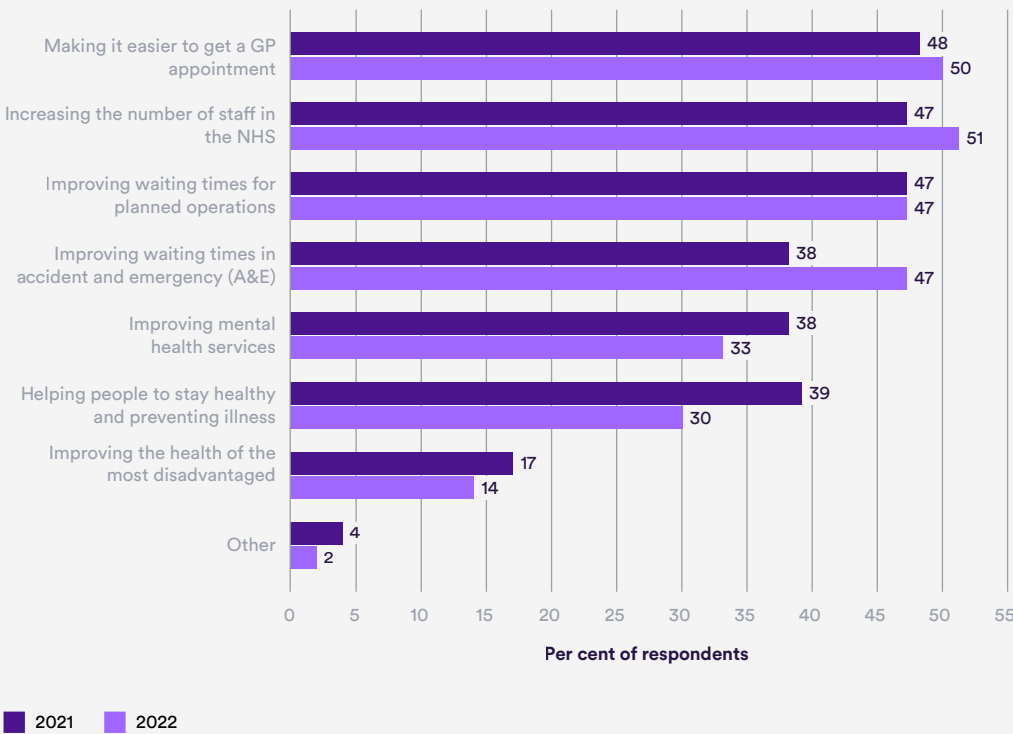
Repeating a question first asked in 2021, respondents were asked to choose what the most important priorities for the NHS should be. As in the previous year, ‘making it easier to get a GP appointment’ and ‘increasing the number of staff’ were the most common choices, each by more than half of 2022 respondents (50 and 51 per cent respectively).

However, the 2022 survey shows a sharp increase in the proportion who chose improving A&E waiting times as a priority, from 38 per cent to 47 per cent. This change was statistically significant and took improving A&E waits into the top three highest priorities. It likely reflects the collapse in A&E satisfaction we also saw in 2022.

A&E waiting times were particularly likely to be selected as a priority by those who had actually had contact with the service (53 per cent), as opposed to those who had not (44 per cent).

Meanwhile, ‘helping people to stay healthy and preventing illness’ saw a significant decline in the proportion of people selecting it as a priority, from 39 per cent to 30 per cent.

Figure 24: What should be the most important priorities for the NHS?
 Question asked: ‘Which of the following do you think should be the most important priorities for the NHS? Please select up to three.’



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
 Sample size for 2021 = 1,039; sample size for 2022 = 1,187

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

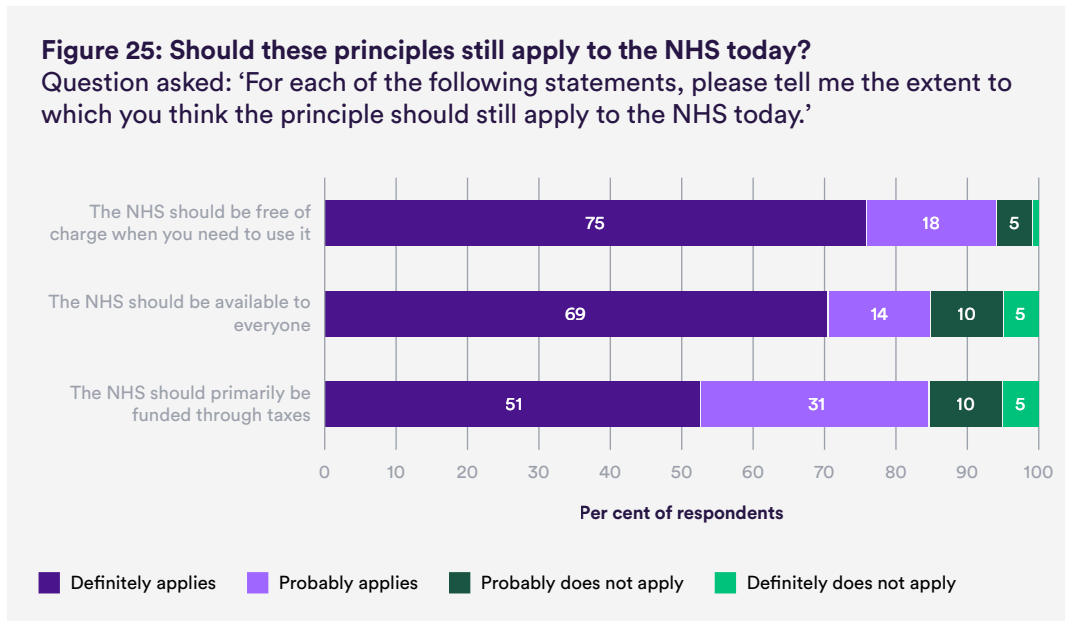
Rising dissatisfaction with how the NHS runs and with many of its individual services has not translated into a change in the public’s commitment to the founding principles of the service. In questions we first asked in 2021, we asked people about the extent to which they thought the founding principles of the NHS should still apply today. These principles are:

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

Support for all three principles was high, and across the population as a whole we found no statistically significant shift on any of them compared to last year. The same is true across nearly all population groups.

93 per cent believed that the NHS should definitely or probably be free of charge when needed, with 75 per cent saying ‘definitely’ and 18 per cent saying ‘probably’. 84 per cent said that it should definitely or probably be available to everyone, with 69 per cent stating ‘definitely’ and 14 per cent ‘probably’. 82 per cent answered that it should definitely or probably be funded through taxes, with 51 per cent saying ‘definitely’ and 31 per cent choosing ‘probably’.

15 per cent believed that the principle of universal availability should probably or definitely not apply, and 14 per cent felt the principle of tax funding should not apply. Only 6 per cent believed that the principle of the NHS being free at the point of use should probably or definitely not apply.

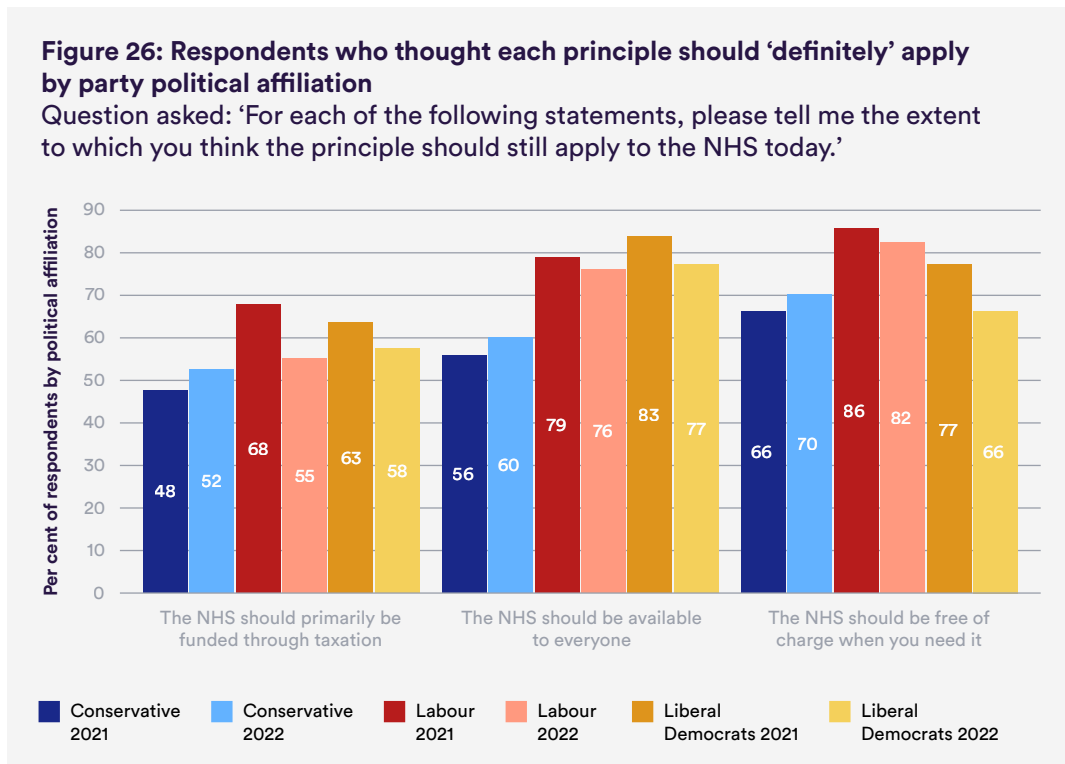


Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
 Sample size = 1,187. ‘Don’t know’ and ‘refusal’ responses are not shown, in 2022 these were chosen by 0 (“The NHS should be free of charge when you need to use it”), 1.3 (“The NHS should be available to everyone”) and 3.3% (“The NHS should primarily be funded through taxes”) per cent of respondents.

While their views have not changed significantly since last year, over-65s are significantly less likely than the population as a whole to believe that the principle of the NHS being available to everyone should *definitely* apply. 63 per cent of them chose this position, compared to 69 per cent across all groups.

However, over-65s are significantly more likely to say that the principle of the NHS being primarily funded through taxes should definitely apply, at 62 per cent compared to 51 per cent in the general population.

The one sub-group where we see a significant shift from year to year is among supporters of the Labour party (see Figure 26). In 2022, 55 per cent said that the principle of primary funding from taxation should *definitely* apply, compared to 68 per cent in 2021. While support overall remains strong, with 83 per cent of Labour supporters believing the principle should definitely or probably apply, this is a difficult result to interpret from backers of a party traditionally most associated with this principle.



Source: The King’s Fund and Nuffield Trust analysis of NatCen’s BSA survey data
 2021 sample size: Conservative, 991; Labour, 984; Liberal Democrats; 263. 2022 sample size: Conservatives = 970; Labour = 1,156; Liberal Democrats = 344.

7 Conclusion

If the scale of the drop in satisfaction we reported in the 2021 BSA survey revealed the public's shock at the deterioration in access to health and care services following the pandemic, the 2022 survey reveals sustained and worsening concern about every part of the health and social care system. Over half of respondents are now dissatisfied with the NHS, and levels of satisfaction have slumped to record lows across the board. Just 29 per cent of respondents are satisfied with the NHS and a paltry 14 per cent are satisfied with social care.

Like last year, the fall in overall satisfaction runs across all ages, household incomes, sexes, and political affiliations. And no service is immune from historically low levels of satisfaction. Where last year's survey was notable for its sharply falling satisfaction in GP services in particular, we now see similarly low levels of satisfaction in hospital services, with the 8 percentage point fall in A&E services being most striking.

The 7 percentage point fall in NHS satisfaction was not as sharp as last year's 17 percentage point drop, but it is still the fourth-largest year-on-year drop in satisfaction and reflects persistent concern from the public about health and care services. Indeed, when we look at respondents' reasons for dissatisfaction, they identify some of the most dogged and troubling issues facing the NHS: waiting times, staff shortages, funding. These are not issues amenable to an easy fix.

The survey in many ways reflects the reality of what is happening in health and social care in Great Britain today. More and more people are gaining first-hand experience of pressures on services, with over a quarter of A&E patients now waiting longer than four hours for urgent care and the equivalent of one in eight people on the waiting list for planned care in England. While the survey shows that contact with an NHS service softens people's views, leading them to report higher satisfaction, the overall picture is one of sustained dissatisfaction across the board.

In the face of such grim results, it is remarkable how strongly the founding principles of the NHS hold up. Just as last year, the overwhelming majority of people agree that the health service should be free at the point of use, available to all and funded through taxes.

Social care presents perhaps the most sobering part of this story. In recognition of the importance of this vital service and our organisations' concerns about it being overlooked in policy for too long, we decided to increase the sample size to allow us to delve into the findings in as much detail as with the NHS. The results were troubling. Just 14 per cent of people were satisfied and, unlike the NHS, contact with social care makes respondents even less satisfied. Just as with the NHS, respondents' reasons for dissatisfaction pointed to some of the very real and persistent problems facing the sector: the rationing of social care and the poor pay and conditions of social care workers.

So what should politicians and policymakers take from this year's results, in the face of such enormous pressures on health and care services? The answer may lie in understanding the factors that saw satisfaction steadily climb every year from 38 per cent in 2001 to a high of 70 per cent in 2010: this growth coincided with sustained investment in health services, targeted work to improve waiting times and a concerted effort to reward and retain the workforce.

The challenges today are perhaps even greater: we are living with years of policy failure in reforming social care; the economic and fiscal outlook is bleak; and the NHS still faces a mountain to climb in recovering from the pandemic. But what the public want from the health service – shorter waiting times, more staff, the continuation of a free, accessible and tax-funded service and a functioning social care system – couldn't be clearer.

Methodology

Sample and approach

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

With the need to move to remote completion of the questionnaire while social distancing measures remained in place, in 2020 participants continued to be selected at random from the postcode address file as before, but were then sent an invitation asking up to two adults to participate via an online survey or over the telephone if they preferred (or were unable to take part online). In 2021 and 2022 participants were again offered the option of taking part online or by telephone only. The fieldwork for the 2022 survey was conducted between 7 September and 30 October. There was some disruption to survey fieldwork due to the death of HM Queen Elizabeth II, the period of national mourning and the state funeral. The mailout of the first reminder letter to respondents was delayed until after the funeral. Royal Mail strikes also caused some delays to mailouts and the fieldwork period was extended by one week in order to accommodate this disruption.

NatCen, the survey organiser, has made efforts to minimise the possible impact of the change in survey methodology. The data is weighted to correct for any unequal probabilities of selection, and for biases caused by non-response from different households offered the survey. The weighted sample was calibrated to match the population in terms of age, sex, education, ethnicity and region.

Additionally, the 2020, 2021 and 2022 surveys were conducted on the same methodology and so are directly comparable and showed falls in overall

satisfaction with the NHS. The falls in satisfaction with individual services are consistent with this overall fall in satisfaction. For these reasons, in this report we feel confident in making comparisons with earlier years of the BSA survey. But as ever with any sample surveys, readers should exercise general caution in comparing results with earlier years.

The achieved sample size for the overall NHS satisfaction question and the social care satisfaction question was 3,362 in 2022. For questions about satisfaction with specific NHS and social care services, the sample size was 1,187.

Statistical significance

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

Topics

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

Funding

The survey is funded by a range of charitable, academic and government sources, which change from year to year. The survey is led by NatCen. NatCen carries out research in the fields of social and public policy.

Questions

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

2021–22:

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

2012–19:

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

Corresponding changes were made to the 'contact with services' question.

Acknowledgements

Many thanks to colleagues at NatCen for their work on the survey and the data, particularly Natalie Maplethorpe and Joanna White. Also to Simon Keen at the Nuffield Trust for analysis of the media stories during the fieldwork period, to John Appleby at the Nuffield Trust and Sally Warren and Andrew McCracken at The King's Fund who provided helpful comments on earlier drafts, and to colleagues at both organisations who helped with the editing, digital content and launch of this report. Most importantly, we would like to thank members of the British public for the time they took to complete the BSA survey and for providing us with this fascinating dataset.

Nuffield Trust is an independent health think tank. We aim to improve the quality of health care in the UK by providing evidence-based research and policy analysis and informing and generating debate.

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