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ACUTE PERSPECTIVE

David Oliver: The latest Social Attitudes Survey on the NHS is a stark warning that we must act before it's too late

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The King's Fund and the Nuffield Trust have jointly published the latest British Social Attitudes survey of public views on the NHS and social care services.¹ This year's findings make for grim reading. They highlight the deterioration in our ability to provide services of a standard that people find acceptable, despite their continued support for the NHS as an institution and its founding principles.

Overall satisfaction with health services has fallen to its lowest point in 40 years—lower even than the nadir towards the end of the Major government in 1996-97. It's now at 29%, down from 36% last year. A drop of 17 percentage points the previous year was the largest in the survey's history. The data give us a compelling case for urgent action to save health and social care services from further decline, to return them to levels of performance and public satisfaction routinely expected a few years ago.

The biggest fall since 2021 was in satisfaction with emergency departments, as 40% of respondents are now “very” or “quite” dissatisfied with services (up from 29%).² But across all NHS services—from dentistry to general practice, from inpatient medical care to elective outpatient care—public satisfaction has fallen from last year and to a near record low in several domains. In social care only 2% of respondents were “very satisfied” and 14% “satisfied,” with dissatisfaction running at 57%—worse even than the findings for the NHS.

Empty posts

Although it's demoralising, I doubt that many people in clinical or operational management roles in the NHS are surprised. These numbers mirror our experiences and contribute to our own worsening morale and retention.

Analysis of the NHS staff survey from 2017 to 2021³ showed a consistent worsening across key questions: “Feeling unwell in the past 12 months as a result of work related stress” (47%); “Looking forward to going to work” (53%); “Being enthusiastic about the job” (67%); “Satisfied to the extent to which my organisation values my work” (42%); “Would recommend my organisation to others as a place to work” (60%); and “I often think about leaving the organisation” (31%). That last finding is reflected in surveys by both the Royal College of Nursing and the BMA, showing that most nurses and doctors who responded were actively considering leaving.^{4 5}

This is deeply worrying, given that the leaked preview of the upcoming NHS workforce plan already showed 154 000 clinical vacancies in the NHS—with a growing gap predicted, around 8% of posts unfilled, and

around one in nine social care posts empty.^{6 7} There's been a 70% rise since 2017 in the number of staff days lost owing to mental health.⁸

Both the Social Attitudes Survey and a recent Health Foundation and Ipsos Mori survey on public perceptions of the NHS⁹ show that public support for its founding principles remains high, as does support for the ongoing use of tax funded and publicly provided services. But public confidence that these models will remain viable in the near future is much lower. There's a pessimistic but perhaps realistic perception of existential threat. Satisfaction with “my local NHS services,” with “the NHS” more generally, and with “the government's policies on the NHS” has fallen very sharply.

Structural weaknesses

I've discussed the data on public perceptions and on the experiences and shortages of staff. For the third side of the triangle we need only look at the performance data across primary, elective, and urgent care services. One recent superlative single source on performance data is the Institute for Government's January report, *The NHS Crisis: Does the Government Have a Plan*,⁸ which sets out the performance deterioration in waiting and response times, access, waiting lists, available beds, delayed transfers of care from hospital, rising activity and demand, and the effects of population ageing.

The experiences and attitudes of the general public and NHS staff reflect what those performance data are telling us. Some services were beginning to struggle before the covid-19 pandemic, on performance indicators, capacity, waiting times, access, and staffing. The pandemic has further accelerated and exposed these structural weaknesses.

But it doesn't have to be this way. Back in 2010 public satisfaction and performance data were both riding far higher, on the back of several years of record real terms increases in funding and a concerted focus on improvement, with fewer staffing gaps.^{10 11} As the Institute for Government report has concluded, while the current government faces a “daunting task,” the Blair-Brown government's track record on the NHS showed what could be achieved from a similar low point.

The current state of services was never inevitable but is the result of a series of bad (or ducked) policy decisions and poor political stewardship of services that people still value, even if they believe that those services are increasingly failing. Commentators, think tanks, and politicians who are openly hostile to the NHS model and want it replaced with a more

insurance and market based system are circling and salivating over the latest results. As trusted clinical professionals, we have an opportunity to align our own messages and campaigning for change with those of the public we serve, before it's too late. Our concerns mirror theirs.

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